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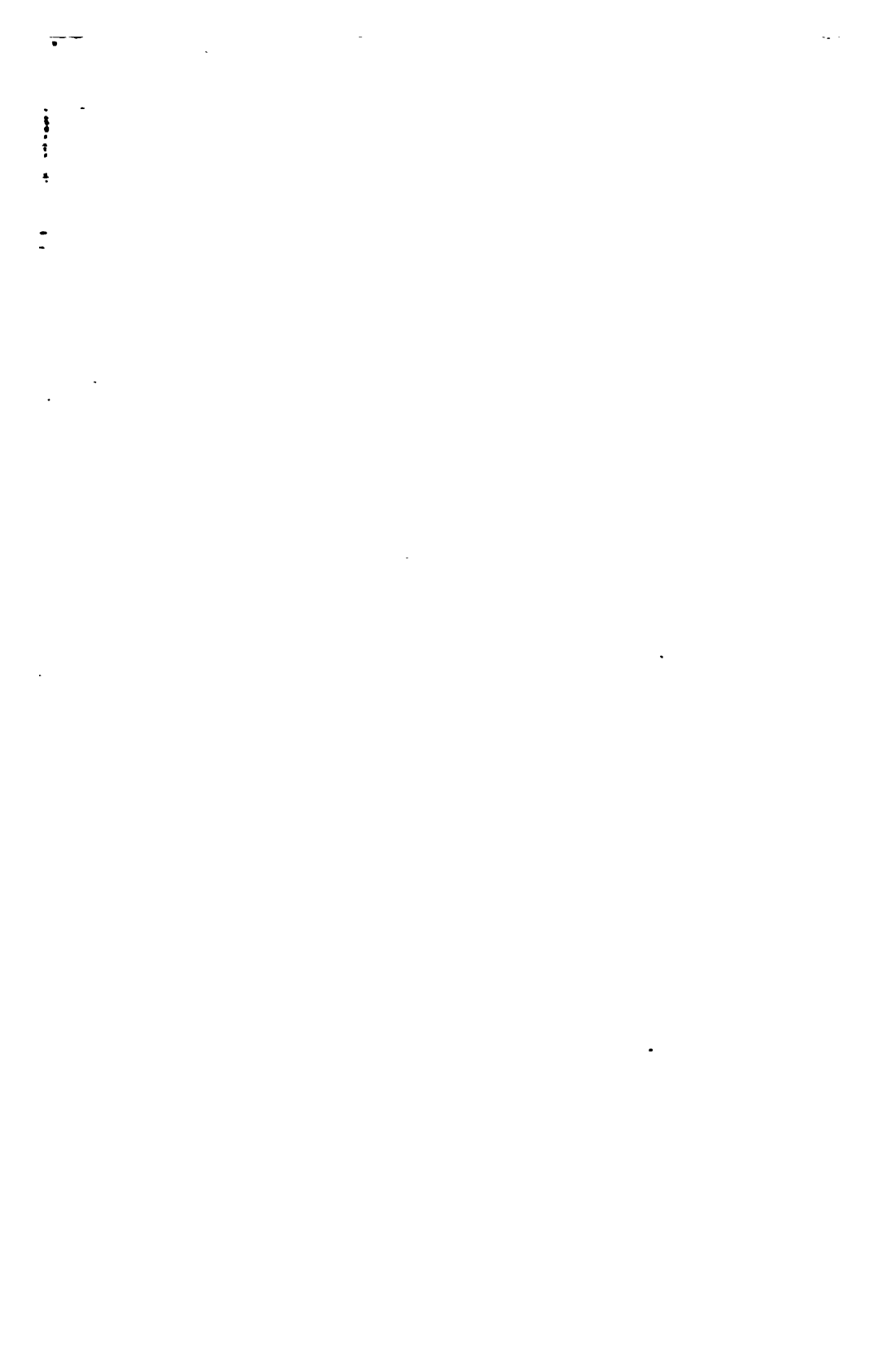
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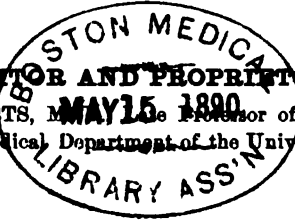
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INDEX.

A	
Abdominal Section, One Thousand Cases of.....	354
Abortion, Threatened.....	346
Abscess of Liver, Treatment of.....	477
Address of the President of the Southern Surgical and Gynecological Association.....	1
Address of the President of the Southern Dental Association.....	411
Address Valedictory to the Graduating Classes of the Medical and Dental Departments of the University of Tennessee.....	143
Albuminuria of Pregnancy.....	106
Advertisers, Our.....	45, 139, 503
Alcohol as an Antiseptic.....	54
Alcohol, Effects of on the Mind.....	518
Alcoholism.....	27
Alcoholism, Chronic.....	260
American Medical Association, 40th Annual Meeting.....	349
American Medical Association, Announcement of 40th Annual Meeting.....	154
American Public Health Association.....	32
American Rhinological Association.....	451, 534
A Mistaken Idea.....	531
Amputation at the Hip joint.....	185
Anesthesia, Biblical Argument Against.....	74
Anesthetics, Choice of.....	78
And They Sat Down by the Rivers of Water.....	478
Antidote for Morphine.....	267
Antifebrin, Poisoning by.....	303
Antipyrine in Hemorrhoidal Ulcers.....	87
Antipyrine in Laryngismus Stridulus.....	95
Antipyrine in Sciatica.....	210
Antiseptics in Parturition.....	437
Antiseptic Obstetrics.....	6
B	
Bacteriology.....	53
Barium Chloride.....	158
Baths, Warm in the Elimination of Mercury.....	303
Benzine as a Surgical Toilet Article.....	63
Bishop, W. A.....	272
B. M. A.....	457
Book Notices and Reviews, 23, 37, 1-3, 213, 261, 303, 344, 394, 440, 457, 523	
Boric Acid, uses of.....	157
Bright's Disease, Treatment of.....	238
Bromidia.....	79
Bromidia as a Hypnotic.....	211
Brown Sequard's Elixir.....	309
Bubo, Treatment of.....	304
Buboes, Opening of.....	337

C	
Cæsarian Section or Craniotomy.....	305
Caffine Citrate, Poisoning by.....	211
Calcium Chloride in Granular Affections of the Neck.....	389
Calomel, Prejudice of Public Against.....	22
Campho-Phenique.....	404
Campho-Phenique in Anthrax.....	433
Cancer, New Method of Arresting.....	301
Capital Punishment.....	494
Carbuncles, Treatment of.....	303, 433
Cascara Sagrada, Curative Action of.....	23
Cascara Sagrada, in Rheumatism.....	70
Census, The Eleventh.....	303
Cerebro Spinal Meningitis Epidemic.....	235
Charcot in treatment of Locomotor Ataxia by Suspension.....	252
Charge to Graduating Classes of Medical and Dental Departments of the University of Tennessee.....	99
Chest Percussion Don'ts.....	379
Chloroform, Dosage of.....	23
Chorea, Bi-Chloride of mercury as a preventative.....	99
Cholera Cured by Antipyrine.....	394
Cigarette Smoking.....	93
Circumcision According to Law.....	407
Circumcision Some Peculiar Effects of.....	31
Clinical Morphology.....	459
Cod Liver Oil, New Method of Administering.....	305
Constipation, Habitual.....	181
Consumption, Prevention of Spread of.....	531
Contagiousness of Phthisis.....	519
Copaiba.....	500
Copaiba in Gonorrhoea, Direct Application of.....	72
Copperhead, Bite of.....	337, 375
Correspondence, Our Philadelphia Letters.....	235, 239, 421
Croup, Inflammatory vs Diphtheria.....	254
Country Doctor.....	499
D	
Dangerous Experimenters.....	479
Death from Sulphonal.....	444
Death, Signs of.....	84
Death, to Hasten.....	165
Devil Was Sick.....	399
Diabetic, Good Bread for.....	167
Diagnosis of Perforative Otitis.....	532
Diet and Uric Acid Formation.....	516
Digestibility of Boiled Milk.....	515
Diphtheria, Contagium of.....	434
Diphtheria, Pepsin in Treatment of.....	15
Diphtheria, vs Inflammatory Croup.....	253
Doctors, How Viewed by a Literary Man.....	163

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F	
Falsification	323
Fart, Composition of	324
Fever, Typho-Malarial, So Called	325
Filices: Their Purpose	327
Fish, Indigestible, a Fish For	33
Fish We Eat	37
Fossils and the Permian	422
Fumaric, Sulphuric Acid for	39

G	
Gangster to Prevent Lamenting of the Tenth	126
Gas. How to Treat Them Overcome with	71
Contrastary for Removal of a Park.....	522
Generosity. Successful Case of.....	78
Glycerine Suppositories	167

Hemorrhoids, Turpentine in Post Partum	393
Hemulcus, Eucalyptus oil in	393
Hernia, Classification of Methods of Cure	393
Hernia in Children	395
Hip-Joint Anesthesia, Successful Case of	395
Hypertic Trade	397
Hypocistis Complanata	397
Hypodermic Acid	398
Hypodermic Medication	398
Hysteria, Electric Treatment of	399
Hysteria, Pain, Subal in	399

I	
Eden, A Mistaken	531
Empotency	544
Impotence Consequent on Varicocele	2-9
Incompatible	3-8
Infants, Prevention of Summer Diarrhoea	3-5
Infants, Thirst in	3-5
Inflammation	153, 235
Injection Bros	393
Isolide of Potassium, A New Vehicle for	449
Iritis, Syphilitic	527
Itch, Sulphur for	86
Items Editorial	44, 98, 94, 96, 137,
	133, 152, 183, 233, 276, 277, 319,
	405, 406, 407, 408, 451, 454, 501,
	502, 544, 547
Items, Selected	135, 345

J	
Journalism, American Educational.....	119
Juvenile Smoking.....	88

K
Know, Twelve good things to..... 71

Label Methods and its Management	30
Law to regulate Medicine	30 31
Legislation to protect Medicine	30
Legislation to prevent Medicine and Surgery	30 31
Life Insurance and Medicine	30
Medical Army, method of creating in	30
Registration of Tongue	30
Med. Certified	30
Med. Treatment of Affairs of	30
November March Trained by	30 31
Memory of Professional Labor	30

Summary Abstract, Prevention of.....	350
Man's Chapter in Nature's Book.....	350
Medical and Dental Departments of the University of Tennessee, 19th Annual Commencement.....	350
Medical and Dental Departments of the University of Tennessee 351, 352.....	350
Medical Certificates.....	351
Medical Fees.....	351
Medical Legislation.....	351
Medical Mirror.....	351
Medical Practice Act, Session Feb. 20, 22,.....	351
Medical Society, a New One.....	351
Medical Students in Nashville.....	351
Medicine and Life Insurance.....	351
Medicine, Control of by Law.....	351
Medicine Regulated by Law..... 351, 352.....	351
Minneapolis, Epidemic Cerebro Spinal.....	351
Mental Influence on the Forces in Nature.....	351
Menstruation, Irregular.....	351
Menstruation, Precocious.....	351
Mississippi Valley Medical Association.....	351, 352.....
Morphine, a Substitute for.....	351
Morphine Antidote for.....	351
Morphology or Bacteriology.....	351

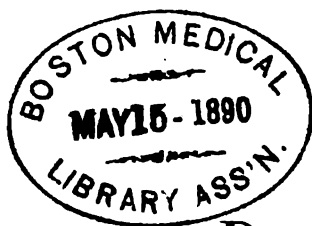
National Patho-Biological Laboratory.....	24
Naval Medical Service.....	26
Neurology.....	26, 126, 226, 313
Night Sweats.....	26
Nipple, Depressed, Operation for.....	267
Nitro-Glycerine in Heart Failure.....	169

Obituary, J. H. Bryant, D. D. &.....	182
Obituary, Joe C. Dukes, M. D.....	186
Obituary, Jordan W. Lambert.....	191
Obituary, Samuel W. Moore, M. D.....	313
Ocularia, Anomalia.....	279
Ophthalmia, Acute.....	282
Ophthalmia Neovascularium.....	286
Ophthalmoplegia.....	290
Otitis, Suppurative.....	323
Our Advertisers.....	42, 126, 320
Our Eleventh Volume.....	43, 547

P	
Parturition, Difficulty in.....	166
Past, Present and Future.....	141
Paternity by Proxy.....	204
Pepain in the Treatment of Diptheria and Membranous Croup.....	18
Pepain in Surgery.....	87, 167
Per Cent. Strength of Solutions.....	263
Peritoneal Cavity, Foreign Body in.....	18
Perineum and the Forearm.....	15

Pessaries	168, 347	Sulphur for Itch	86
Phagocytes	206	Stroke, Treatment of	394
Pharmacopoeia and the Fluid Extracts.....	382	Suppuration, Theory of	386
Phthisis, New Suggestions in	67	Surgical Dressings	480
Phthisis, Quebracho in Dyspnea of	29	Sweating Feet and Hands	78
Phthisis, Tannin Treatment of	32	Syphilis, is it Ever Cured	258
Piano and Puberty	486		
Post-Partum Hemorrhage, Turpentine in	393	T	
Pregnancy, Albuminuria of	106	Tabs Dorsalis, Treatment of by Suspension	164, 29, 232
Prevention of Puerperal Convulsions.....	168	Tannin in Phthisis	307
Promaines and Leucomaines	524	Temperature, Influence of on Death of Infants from Diarrheal Diseases.....	189
Prostatic Enlargement	84	Tennessee State Medical Society	174, 319
Pylorus, Digital Dilatation of	197	Tetanus, Traumatic Cured	66, 391
		Therapeutic Notes	446
Q		Tonic Formula, Flint's	247
Quadrupeds, Subject to Hemorrhoidal Disease	90	Tooth, Value of	213
Quarantine Conference	110, 176	Transactions of Tennessee State Medical Society	490
Quarantine Service	376	Tribute to Dr. Thornton	318
Quebracho in Dyspnea of Phthisis.....	29	Tri-State Medical Association of Alabama, Georgia and Tennessee	533
Question of Law	251	Tuberculosis Contagiousness of	476
		Tuberculosis, Diagnosis of	485
R		Twelve Good Things to Know	71
Railroad Surgeons, Annual Meeting of Association of	181	Typhoid Fever	438
Reviews and Book Notices 29, 87, 169, 213, 261, 308, 346, 395, 440, 467,	523	Typho-Malarial Fever So Called	242
Rest a Therapeutic Agent	510		
Rickets, Treatment of	85	U	
		Ulcer, Gastric	161, 486
S		Ulcers, New Method of Treating	80
Salicylic Acid in the Treatment of Scarlatina	436	Urethral Stricture, Deep	349
Salol in Hysterical Pain	209	Urethral Stricture, Electrolysis in	249
Salt in Milk for Children	80	Uterine Fibroids, Lawson Tait on	482
Scarlatina, Treatment of	436	Uterine Symplic	146
Sciatica, Antipyrin in	210		
Sciatica, Attitude of	162	V	
Sectarianism in Medicine	542	Vaginal Hysterectomy	203
Shock, Lessening of	82	Valedictory Address, to Medical and Dental Departments University of Tennessee	148
Shuttle Pulse	484	Varicocele, Impotence Consequent on	269
Skin Diseases in the Negro	123	Varnish for Cleaning Leather	523
Skin, to Blister Quickly	124	Verbum Sap	845
Smoking, Juvenile	86	Volume, Our Eleventh	43, 547
Snake Bite	374		
Solution, Per Cent Strength of	337, 383	W	
Southern Dental Association, Address of President	411	We are What We Eat	125
Southern Surgical and Gynecological Association, Address of President at Birmingham Meeting	1	Wells, Artesian in Memphis	23
Southern Surgical and Gynecological Association, Annual meeting	85, 408, 444, 498, 526	West Tennessee Asylum for Insane	93
State Board of Health Bulletin	543	Whooping-Cough, Instantaneous Cure of	500
State Medicine, Popular Progress in	823	Witness	168
Stomach, Foreign Bodies in, Treatment	253	Women, Report on Diseases of to Virginia State Medical Society	27
Strychnia an Antidote for Narcotic Poisoning	112	Worldly Wisdom	85
Sulphonal	28, 122, 438	Wrist, New Method of Excising	43
Sulphonal, Death from	546		
Sulphonal, Eruption of	307	Y	
		Yellow Fever	22
		Yellow Fever, Causes of	20
		Yellow Fever, Prevention of	212

175 ✓



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Original Communications

ADDRESS OF THE PRESIDENT OF THE SOUTHERN
SURGICAL AND GYNECOLOGICAL
ASSOCIATION.

BY W. D. HAGGARD, M. D., OF NASHVILLE, TENN.

Gentlemen of the Southern Surgical and Gynecological Association:—Through your kindness I was chosen to preside over the deliberations of this learned assembly. I am grateful to my associates who have so honored me, though I fear it was your generosity, and not my fitness for the responsible position, that prompted the selection from among so many more able and more distinguished members of the Association; but what I lack in ability will in some measure be compensated by my enthusiasm in the cause. Feeling, as I do, that the most capable and ardent among us must fall short of realizing the grand possibilities which await us, I have accepted the trust, with the mental reservation that, if nothing else, I am at least earnest in what I

say, and am filled with admiration and hope for the outcome of our labors.

That I am proud of the privilege of addressing you I acknowledge, but I am prouder still of the occasion which calls forth the effort. I know you will sustain me when I claim that Gynecic Surgery, with all its brilliant achievements, owes its present exalted position to the illustrious Sims, no less than Abdominal Surgery owes its origin to the world-renowned McDowell. The outcome of the labors of these two remarkable men in beneficent results have no parallel in the annals of medicine. They conferred on America the honor of being the birthplace of Gynecology, and did more to alleviate the sufferings, restore the health and prolong the lives of women than any two men living or dead.

To those who knew Sims personally he gave inspiration while he lived, and now that he is dead he has become a tradition; and his teachings, his example, and his labors have passed into history and coupled his name with the practice of an art which will illuminate the ages to come. The first star he won in the galaxy of fame was his success in closing a vesico-vaginal fistula, by which procedure thousands of women have been saved from a life of loathsome suffering and mortification far worse than death, restoring them to their families, their friends, and the social circle which they of all other beings are best calculated to adorn and beautify. This achievement alone entitled him to the baptismal font of Gynecology.

From this point in his life's voyage his reputation spread with the rapidity and brilliancy of a meteor, alike illuminating this and distant lands.

As one star outshines another, so it was given to J. Marion Sims to transcend all of his compeers in the glory of his achievements.

He has written his name so high on the scroll of fame that the whole world may behold it, and so indelibly that all time cannot efface it, and to-day it is as familiar as a household word with every true physician and surgeon on the globe. We deplore his loss—first, because we claimed him as our own; secondly, be-

cause he was in the fulness of a ripe and useful manhood, all too soon stricken down and taken from our midst, when, had he been spared to us, we might to-day have expected his presence and his eloquent voice to have welcomed you here, instead of these poor words of mine. May the light of his genius lend inspiration to us and abide with and preside over our deliberations.

Addressing myself now more directly to those here assembled, many of whom in the midst of urgent professional work have left their homes and loved ones to be present, and participate in the proceedings of the Association, I now, in the name of Alabama, the brightest jewel that stands resplendent in the fair galaxy of States, at one time the home of the illustrious Sims, always the home of advanced thought in medicine and surgery, I bid you welcome to this her city of destiny, to the outstretched arms and open hospitality of the resident physicians and citizens of Birmingham, who greeted many of us on the occasion of our organization a little more than one year ago. I not only welcome you, but I take great pleasure in greeting you, one and all, as leading representatives of a noble and enlightened profession, whose object is to add to the span of human existence by preventing, alleviating and curing the ailments incident to human life.

The presence here of so many distinguished members of the profession sustains the belief, that our present deliberations will aid in advancing the already extensive and ever-extending fields of Surgery and Gynecology, and assist in unfolding the complex problems ever pressing for solution in each of these departments.

The aggregate benefits derived from this sort of professional intercourse is beyond description, but may be feebly outlined by stating that the formal preparation of scientific papers and reports on a great variety of subjects, necessitates a wide range of study and mental discipline, while the individual benefit is found in the collision with other minds in discussions which bring out the salient points of the subject under review in all its varied aspects, thus enlarging the scope of mental vision, giving rise to new trains of thought, begetting a broader and stronger mental

grasp, which is heightened by the presence of the great masters of the profession at whose feet we sit and learn, and from whose magnetic influence, emanating from the kindly glance and the warm shake of the hand, we receive inspiration and take courage from the fact that we meet no more as strangers, but as brothers belonging to the great republic of letters, united in the bonds of scientific interest and affection, with purer and nobler aims.

These advantages are so manifest, that at present, a very large per cent. of the more advanced members of the profession throughout the world participate in organizations similar to ours.

Is it too much to hope that the membership of this organization is already united in bonds of love, which will grow with its growth, and strengthen with its strength, until it receives for itself a domain of usefulness and a place of honor?

The Southern Surgical and Gynecological Association did not spring voluntarily into existence, but was the outgrowth of necessity, and is the embodiment of unknown power.

It was the work of a few energetic minds and hearts that saw its need, and seized the opportunity to give it form and being, which was accomplished in this city the second Tuesday in September, 1887, at a most auspicious moment, and under most favorable circumstances.

We offer to the profession an Association with which you may stand without feeling that you are away from home. It embraces a declaration of principles to which you may all unhesitatingly subscribe. Its face is set in the right direction, with its eyes fixed upon the rising and not the setting sun. It forms a nucleus around which the votaries of science may gather, and as the great republic of letters form the democracy of science whose realms are penetrated by no royal road, but is open on all sides alike to those who with persistent industry, energy and skill, shall ask to join the grand army of scientific observers. So we reach out our hands and invite into our circle such men as have by their works entitled them to the distinction of being educated, talented and industrious workers in the field of scientific research.

This Association has now met for the first time since its organization to lay the offerings of another year's work on the altar of science, and to further consider the present state of surgery and gynecology, and to contribute its mite in promoting the advancement of each department as a pure science, and their perfection as practical arts.

None, perhaps, will question the supreme and commanding fact that in these two branches of medical science the greatest advances have been made.

To those of us who can look back on a decade of professional life the improvement that has taken place in that length of time is very gratifying, and inspires a feeling of hopefulness for the future. As much yet remains to be accomplished, we can enter cheerfully upon the work we have undertaken as cultivators of the science and the art of Surgery and Gynecology. We are now young and vigorous. Let us work in the hey-day of youth, that we may keep and add to our strength and influence. Long, then, may this and kindred Associations last, and may our own prove not the least worthy and efficient of them all.

The trend toward specialism, already strong, is continually increasing, and while there is danger that those giving themselves up to special lines of work may become deficient in the fundamental principles of medicine as a whole, there are cogent reasons impelling the movement.

The advent of Sims specially marked an epoch of advancement in this direction, by chasing away many false though ingenious theories and dogmas, which were obscured by the fogs of dissension, leaving them to rest in the sunlight of truth.

But, gentlemen of the Association, I am admonished by the number and character of the papers which appear on the programme, as well as by the marked ability of those present who are likely to take part in the discussions, that the time of the Association will be so fully occupied that I have presumed on your approval of the omission of an address on some scientific question, but may have in its stead to ask your indulgence in debate, as well as profit by the discussions.

In declaring the Association now regularly opened for the transaction of business, I must ask your indulgence and generous forbearance with my slender ability in the discharge of the responsible duties which devolve upon me as your presiding officer.

· ANTISEPTIC OBSTETRICS.

BY J. B. W. NOWLIN, M. D., OF NASHVILLE, TENN.

It is not my purpose in the following paper to array myself against the germ theory, or antiseptic obstetrics; upon the contrary, I am, I think, a sufficiently ardent observer of both, but it occurs to me that at this time both are being overdone. This we regard as a question of great vital importance, of far greater importance, indeed, than the prevention of epidemics, for they are local in character, and only occasional in occurrence, while puerperal septicæmia or its allied conditions are world wide in extent, and a constant menace to the lives of millions of women.

The very greatness of the subject demands investigation, and solicits calm, unbiassed judgment at our hands, and the theory is now a candidate knocking at the doors of the medical temple for admittance and a home, and only awaits more general popular acceptance to take its place as the greatest medical discovery of modern times. Yet the theory is not even now understood by its most ardent admirers. At the very threshold we are met with the astounding information that these, as yet unclassified germs, are ubiquitous, a constant accompaniment of everything terrestrial, holding high carnival in most loathesome putrefactions, and at the same time revelling upon the lips of the most attractive maiden.

"Some fools dare still the nectar sip,
And suck the poison from her lip."

We are even told that their officious presence and aid is necessary for every process in the digestion of our food, and that most of the physiological, as well as pathological, processes of our bodies are dependent upon these ubiquitous, infinitesimal toilers.

When we consider the fact that these germs are all-potent in the production of all the ills to which the lying-in woman is liable, we are led to doubt whether God had them in mind when he promised Abraham "that his seed should be as the sands of the seashore," or, in fact, it is wonderful that conservation of the race has been possible through all those dreary centuries up to the discovery of the application of the germ theory to obstetrical practice. A recent writer presents the following lugubrious picture: "It has recently been discovered that nearly all the diseases which are most formidable to mankind are the work of animals so small that their existence was for centuries unsuspected." They are more dangerous than the large animals were to pre-historic man. They swarm all around and attack one in sleep and at the dinner table. In view of these dangers, all can envy the conditions of man when he had nothing to fight but fully grown animals in his front yard; better far are six lions on the front piazza than six millions of bacteria in the water pitcher, for the dangers which we can see and shoot at are infinitely preferable to those which one can neither see nor hit. Every man must become the protector of his own household. The cautious man will hereafter never venture out of doors without a gun loaded with carbolic acid, and without a microscope worn like a pair of spectacles. Man will probably have to abandon his present house, as it affords little or no protection against the fierce bacillus, and he will be compelled to live in glass houses, surrounded by ditches filled with carbolic acid, provided with ventilators so constructed as to prevent the passage of the enemy.

Seriously, with the lights before us, we can not doubt but that the germ theory has opened vast and profitable fields for professional research. We are not oblivious of the fact that the past has demonstrated, that as a staid profession we are apt to run at everything like a bull at a red flag, and accept it as proven before submitting it to the crucial test of time and experience. The profession has scarcely caught its breath from running after the *ignis fatuus* of Bergeon, and yet you can hardly find a doctor who ever practiced it unless you caught him in the act.

We must acknowledge that we were trained in a school of con-

servatism, and were early taught to always consider ourself as consultant to Doctor Nature, and particularly have we been taught that meddlesome midwifery was always to be deprecated, and that he was most successful in its practice who only interfered in nature's course when it became necessary. In fact, it may be a question if professional interference is not responsible for the vast majority of septicæmic cases we are called upon to treat. Dr. Englemaun tells us in his remarkable work *Labor Among Primitive Peoples*: "Not one woman in ten thousand dies of septicæmia." In fact, the nearer we approach the savage condition of mankind the greater the immunity from this disease. The Indian woman will lie down upon the trail, have her accouchment, take her baby in her arms and pursue her journey, yet septicæmia is almost unknown among them. "A poor man for dogs and children" has passed into a proverb. The conservatism of nature is wonderful, and should not be ignored. I have known many women who would have been horrified at the suggestion of changing their personal linen for nine days after accouchment, even in mid-summer, and such persons would raise large families and almost persistently have good recoveries. In fact, in the country, washing the person or external genitalia, unless insisted on by the physician, is honored about as often in the breach as in the observance. In fact, dirty personal and bed-linen is frequently selected for such occasions, while such things as intra-vaginal or uterine injections are utterly unheard of and unknown.

To sepsis in some of its many forms is attributable the great majority of puerperal deaths. The Berlin Obstetrico-Gynæcological Society estimated 10 to 15 per cent. of the deaths occurring to women during sexual activity as due to child-bed fevers, and to Max Baeler is due the statement that "one-third of all the married women in Prussia die of child-bed fever." These are certainly alarming facts, if true, and demand our most serious consideration. If, as appears true, that man in a savage state, where nature has complete control, enjoys almost perfect immunity, and that as he advances in civilization so, *pari passu*, the troubles increase, may it not be reasonably inferred that meddle-

some midwifery may have much to do with its causation, when taken in conjunction with the surroundings incident to civilization, such as maternity hospitals, life in cities, crowd poisoning, etc.

To the antiseptic treatment in cities and hospitals should be awarded great praise, for it certainly deserves it, but I insist upon a qualification of the meaning of the word antiseptic treatment, as applied to the person in the treatment of disease as will be hereafter mentioned, and it has occurred to me that the almost phenomenal success achieved was due to the fact that the requirements of antiseptics demanded that the doctor and nurse submit to their share of the treatment. If this be true, the poor woman might be very appropriately excused from the use of the dangerous vulvar pad, intra-vaginal and intra-uterine injections of carbolic acid and corrosive sublimate.

One of our first lessons in the practice of obstetrics was the observance of strictest rules of cleanliness, both of our own person and that of our patient and her environments, and attention to the observance of these rules has carried us through thirty years of active practice, and our record will show as favorable results as the so called antiseptic practice. My practice has been done, a portion of the time, exclusively in the country, and the

in the city and country, but at no time have I failed to have a good clientele in the country. I have never had a case of puerperal septicæmia in the country, though often attending cases of labor under the most unfavorable circumstances. I have never had but two cases of my own in city practice, both of whom recovered. One case I assisted to treat in consultation. The case was complicated with phlegmonous erysipelas of several days' standing, and died soon after the onset of the disease. During this time, so far as I am aware, I have only had one recovery from lying-in requiring gynecological interference, and that was a case of imperfect involution, the result of a horseback ride during the first week of her puerperium. We have long been satisfied of the fact that to the scrupulous cleanliness, which lies at the base of all antiseptic treatment, was due the almost phenomenal success which has attended its practice, and the dan-

gerous procedures which constitute a part of the practice, as now conducted, should be eliminated.

The following is extracted from *Garrigue's Antiseptic Midwifery*: "On preventive measures in puerperal septicæmia;" and I believe it is the usual programme. It provides that the patient should have a full bath at the beginning of labor; that an enema of soapsuds should be given; that the hands of the obstetrician should be thoroughly scrubbed in soapsuds and afterwards in cor. sub. sol. 1-2,000; that hands and everything coming in contact with genitals be positively immersed one minute in cor. sub. sol. 1-2,000 before touching the patient; that buttocks, thighs and vagina be washed and scrubbed with cor. sub. sol. 1-2,000; that no lubricant except carbolyzed glycerine, 3 per cent., be used; that in common cases the fingers be not introduced inside os; that the presenting part as it opens the vulva be covered with compress wrung out of cor. sub. sol. 1-2,000; that the placenta be expressed by Crede's method; that the vaginal cavity after the delivery be injected with warm cor. sub. sol. 1-4,000, provided said cavity was at any time during or after delivery entered by the hand; that uterine injections 1 4,000 cor. sub. sol. be given, provided this cavity was entered by hand or instruments; that patient have 1-2,000 cor. sub. sol. binder, and occlusion by antiseptic dressing applied, and same be changed three times daily in private practice; that genitals be flooded with cor. sul. sol., after micturition and defecation; that no vaginal injection be given.

"Now all ye gods at once,
Upon what meat doth this our Cæsar feed
That he has grown so great?"

Shades of Meigs, Dewees, Ramsbotham, and Cazeau! If this is to constitute the regular preliminary treatment to ward off a remote and problematical complication, what could the poor woman expect if actually attacked with septic trouble? It may be that this system will finally become so refined and complicated that our women must needs go in to regular training, looking to the important event of their accouchment.

Can this treatment be honestly and safely carried out, is an

important question? We unhesitatingly answer, it cannot. In the first place, it would be hard to secure a nurse who would keep herself in an aseptic condition. When told by the doctor to be very careful of the injecting solutions, that they were very poisonous, she would be none too ready to be continually washing her hands with them, but would be apt to regard this as a needless refinement of practice upon part of the doctor and neglect her share of the treatment.

Again, the occlusion pad to the vulva must needs act not only injuriously, but prove a constant menace to the woman's life. Nature intended that a constant uterine drainage should take place, continuously and quietly. The pad only permits this three times a day, when the removals of clots would not only necessitate the introduction of the hand and the admission of probably germ-laden air, but also prove a shock to the nervous woman. The retention of these clots would sadly retard involution. The amount of drainage in any given case in eight hours would be unknown. The vagina becomes filled, the uterus dilated, and fatal uterine hemorrhage supervene as a consequence.

Again, the pad would prove ineffective in excluding the germs, which would find in the clots a ready means of propagation and transmission to the uterine cavity.

We are told by the majority of the so-called antiseptic practitioners, that though there may be some danger in intra-uterine injections, the vagina may be irrigated with absolute impunity. Let us see. In the first place there is a liability of absorption of the injected material taking place through tears, fissures, abrasions and other traumatisms. The contraction of the constrictor-vaginæ muscles narrows the outlet of the vagina and favors saculation of the canal, rendering the retention of part of the injection for an indefinite time extremely probable. In this way, absorption from the vagina may take place more readily than from the uterus itself, as that organ is prone to empty its contents by contractions.

Intra-uterine injections are exceedingly dangerous for many reasons. Absorption might take place. If the outflow of the injection was insufficient, or the stream too strong, the injected

fluid might pass through the fallopian tubes into the abdominal cavity and cause fatal peritonitis. Air would most certainly enter the uterine cavity, it might convey germs, and would favor decomposition of the uterine contents. The injected fluid might enter the veins and thrombi be developed from the placental wound, carried into the dilated vessels, or cause hemorrhage by detaching clots. The uterine sinuses are firmly attached to the muscular walls of the organ and are closed during the contraction, but any cause dilating the uterus would necessarily open the mouths of these vessels, even when the injection was given, and by an expert. There is evidently great danger from the absorption of carbolic acid and sublimate injections, particularly in cases where there is not sufficient uterine dilatation, marked atony of the organ, or traumatism of the genital tract. Patients suffering from kidney diseases are generally atonic.

A professional friend at my elbow informs me that he came near killing a patient by using a carbolic acid injection. He thought the uterus sufficiently dilated to allow its return, which was not the case. He had made the injection through a canula by means of a barrel syringe, and was fortunately enabled to withdraw the injection by reversing the action of the instrument.

A passage of an irrigating nozzle, or the dilatation of the uterine cavity by fluids, in case the outflow is impeded, is liable to produce a nervous condition in the female similar to the urethral fever caused occasionally by catheterism of the male. Curretting or bruising the interior of the uterus is sometimes practicable in conjunction with the above treatment.

Now we submit, if it is justifiable in all cases to remove the placenta by Crede's method, certainly nature had some object in view in dividing the second from the third stages of labor; possibly to allow time to recuperate and gain some strength to meet the dangerous ordeal of the third stage. The dangers incident to this heroic prophylactic treatment certainly overbalance any problematic benefits to be derived from it. We think if septicæmia should supervene in a puerperal case we might feel inclined to use weak carbolic injections, but certainly not corrosive sublimate, or subject the woman to the nervous worry,

shock, inconvenience and danger of these upon the mere suspicion that something of the kind might occur. If the practice must be carried out in its entirety in every case, let the doctor take half of the washings, and the well nurse all of the injections, and let the already sick and worried woman have a chance to take a much-needed rest.

As I stated in the beginning, it is the abuse and not the proper application of the principles of the antiseptic treatment that we deprecate. We contend that God's pure water, air and sunshine, and careful judicious treatment will reduce the dangers of puerperal infection to the minimum. Some of the greatest obstetricians in the land have not committed themselves to the routinism of the antiseptic practice, and are having equal success without incurring its dangers. In gynecology the success of Tait and Bantock will not be questioned. The many cases of so-called recoveries after the antiseptic treatment who afterwards die from kidney disease, possibly might be more appropriately charged to the absorption of carbolic acid; the too anxious obstetrician may often sacrifice his patient by steering clear of Charybdis and wrecking his craft on the rocks of Scylla. We have always insisted upon the following:

First. Scrupulous cleanliness of the attending physician and nurse, together with the appliances and instruments which he may use.

Second. That the room and bedding shall be unquestionably in an aseptic condition.

Third. The patient should have such preliminary care as to put her in a good physical condition. Her person and linen clean and maintained so; prudence would dictate the exclusion from the house of all persons and things to which a suspicion of sepsis might attach.

We do not believe it is proven that the poison of measles, scarlet fever or diphtheria can be conveyed and set up septicæmia in a parturient woman. Such practice is done every day with impunity, the doctor not having the opportunity to render himself thoroughly aseptic by a change of raiment, being absent from home; yet we believe that prudence would dictate that he

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should make a liberal use of soap and water upon his person before taking charge of a puerperal case. The patient should go into the accouchment thoroughly cleaned in the same manner; bed and personal linen recently boiled and washed. As soon after her accouchment as her personal safety will admit, she should again receive a thorough towel bath of soap and water, the nurse being sure that all particles of adherent blood are removed, and all parts subject to contamination by the discharges lubricated with vaseline. Then she should have another change of personal and bed linen, and this should be daily repeated during the puerperium. Old and soiled comforts and blankets should not be used to catch the lochia; these should be rejected, and something perfectly clean, preferably a nice piece of oilcloth, provided. Bed-pans, syringes and urinals should be kept thoroughly clean by frequent boilings. In my conduct of a case I make as few examinations as possible, and am in the habit of insisting upon a long puerperium. Every practitioner, especially in the country, will appreciate the difficulty of securing the services of a good nurse—in fact, of a nurse at all. Often they can not be found, or the patient is unable to bear the expense.

Referring again to intra-vaginal or intra-uterine injection, I would state that I never use them unless the lochia becomes offensive or septicæmia supervenes, then I would be partial to a weak solution of carbolic and boracic acids. Sometimes, when the lochia is about ceasing, I use hot water injections to assist involution.

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WM. T. CLELAND, M. D.,

Kewanna, Ind.

Selections.

THE USE OF PEPSIN IN THE LOCAL TREATMENT OF DIPHTHERIA AND MEMBRANOUS CROUP.—The field for the use of pepsin seems constantly extending with the improvements made in the quality of this agent, and it may now be employed with greater certainty as to results than ever before. The application of pepsin to digest away the membrane in diphtheria and membranous croup is not new, and is more or less commended and resorted to by physicians in the treatment of these diseases.

Naturally, however, its utility depends entirely upon its digestive activity, and on account of the many preparations of pepsin of feeble or no digestive power heretofore at the disposal of physicians, the results obtained have been in some cases discouraging.

As to the value of pepsin, however, in these affections, when of proper purity and strength there can be no question. We believe that the recent improvements in pepsin, securing greater purity, strength and permanence (we allude to the pepsin purum in lamellis, of Parke, Davis & Co., which is the nearest approach that has yet been made to pure pepsin, and possesses more than twice the digestive power of any previously introduced), will lead to its extensive use in diphtheria and membranous croup, maladies now attended with such grave results, even when combatted by the most expert medical care.

It is to be hoped, and it is certainly highly probable, that the further study of digestive ferments will lead to the production of a pepsin still more active.

If the false membrane could be easily digested, and there seems no reason why it might not be with a pepsin of high digestive power, we could expect to have fewer grave cases of in-

interference with respiration and blood poisoning from absorption of septic material, now alas so frequent.

We have been interested in reading in this connection an article on the use of pepsin in the treatment of croup and diphtheria, by Dr. A. J. C. Saunier, published in the *Western Medical Reporter*, October, 1888.

Dr. Saunier discusses not only the use of pepsin, but also contrasts it with the results to be obtained with trypsin and papayotin, to the disadvantage of the two latter agents.

His results we may briefly epitomize here in his own language :

After discussing the prevalence of diphtheria, the mortality attending it and the different theories as to its cause, he says : "Whether we regard diphtheria as a local or systemic disease, there is no doubt but what it presents both local and systemic symptoms, and those who have adopted both local and general treatment seem to have had the best success in combatting it.

"The three agents which have been most extensively used as local solvents for the false membrane of croup and diphtheria are papayotin, trypsin and pepsin.

"Papayotin is a vegetable agent recently introduced, claiming to have the same digestive properties as pepsin. I have had no personal experience with it. Dr. A. Jacobi, of New York, reports fair success by its use in a few cases. Dreyer, of Moscow, treated forty cases of diphtheria with papayotin and gives the following conclusions :

1. It exercises a feeble solvent action when the membrane begins to decompose.

2. The delicate new membrane is not affected by it.

3. It exerts no effect on the mortality of the disease. Its present high price is also somewhat against it."

In the use of trypsin it is necessary to maintain an alkaline condition of the throat, as trypsin acts only in alkaline solutions. The secretions of the mouth and throat in those diseases are strongly acid, and tend to neutralize and destroy the power of the alkaline solution of trypsin.

"Drs. B. M. Van Syckle and J. Lewis Smith, of New York ; J. A. Keating, of Philadelphia, and Saunders, of St. Louis, have

all experimented with trypsin in the treatment of diphtheria with varying success, the best results being obtained when the throat was kept in a state of alkalinity by the use of the trypsin applied in spray form every fifteen or twenty minutes.

"Dr. H. D. Chapin, of New York, has made some interesting experiments in the solution of croupous membrane. He says an alkaline solution, not strong enough to act as an escharotic, had no influence on the membrane, or at most produced but slight softening. Experimenting with trypsin he found that croupous membrane was dissolved in from fifteen to twenty minutes by the spray and by solution, the spray acting a little more rapidly than the solution. A solution of trypsin required five hours to dissolve the mucus expectoration of phthisis.

"Pepsin solutions have been less used and less experimented with than trypsin, and yet this seems likely to give far better results when it does come into more general use.

"A solution of pepsin will dissolve croupous membrane outside the body in from fifteen to thirty minutes, acting as well as trypsin, with the very important advantage that it does not require an alkaline solution."

"The reaction of the fluids of the mouth and throat in croup and diphtheria is markedly acid, and the great majority of local medicinal applications in general use are acid, hence the combination of pepsin with acid fluids can be more easily accomplished than the efforts to keep up an alkaline condition for the use of other solvents.

"Another very important point of difference is in the number of applications required.

"To keep up an alkaline condition for the action of trypsin, requires an application every twenty or thirty minutes, and all will concede how trying it must be to patient and nurse to spray an unruly child's throat so frequently.

"On the other hand, the pepsin solution acts rapidly, needs to be applied much less frequently, and there is little tendency to a return of the membrane after it is thoroughly dissolved.

"Speaking of solvents, DaCosta says: "The remedy that has done best is a saturated solution of pepsin in the form of a spray."

"But a spray is a terror to most children, especially infants, and many practitioners are deterred from using any remedy, however useful, which has to be applied in that form. In my own practice I always use a swab or sponge, on a bent rod, applying the solution of pepsin freely to the diseased surfaces, every one, two or three hours, according to the severity of the case and quantity of false membrane present.

"The objection to the probang may be made that a child does not submit to its use any more gracefully than to that of the spray; but it takes but a moment to make the application, even if force be necessary to accomplish that object, and the effects are more lasting than the spray, necessitating its use much less frequently.

"In regard to the form of pepsin, allow me to say that I have used several and find that those which come in a scale or crystal form, so called, are the most active; the powdered form being difficult of solution and not seeming to possess the energy of the former.

"Two years ago I began the use of solutions of pepsin locally, with the same general treatment, since when my cases have made a more rapid and better recovery than when the same treatment without the pepsin was administered."

FOREIGN BODY IN PERITONEAL CAVITY.—On August 18, 1888, Mrs. K. consulted me at my office, giving the following history: Her age was twenty-eight years, and she was married six years ago, and had been a widow for two years. On July 16, having passed her regular time for menstruation, she concluded she was pregnant, and at the suggestion of a friend, in order to bring the matters right, she resorted to the use of a lead-pencil, passing it as she thought into the womb. Hemorrhage came on in a short time afterward, and an hour later when she attempted to remove the pencil she could not find it; but felt confident that it had not come away. She then sent for Dr. McDonald, who resided near by. He examined her carefully, but failed to find the pencil, and as there was no pain nor appearance of in-

jury or laceration, he discredited her story, believing that if she had used a pencil at all, it had come away without her knowing it.

The woman continued to perform her household duties until August 18, almost five weeks, without any pain or other symptom of trouble. On that day a very tender spot appeared on her abdomen, at a point three inches below and two inches to the right of the navel. Movement became painful, and in this condition she came to my office, reciting the history given above.

I had but little faith in her story, as I thought it was impossible that a foreign body such as a lead-pencil could remain in the abdominal cavity for so long a time without exciting acute peritonitis; but I proceeded to make a careful examination and was satisfied that I felt the pencil in the abdominal cavity just where the soreness and tenderness had developed. I sent for Dr. R. B. Hammer, who came to my office and, after a careful examination, concurred in my opinion. This was late on Saturday evening. As the woman was not able to arrange for operation on Sunday, it was postponed until Monday morning, August 20.

By this time peritonitis had fully developed, and she had suffered intense pain during Sunday night; her abdomen was swollen and tympanitic; and her pulse was one hundred, and wiry.

She was anæsthetized, and with strict antiseptic precautions in every particular, assisted by Drs. R. B. Hammer and C. C. Porter, I made an incision through the belly-wall about eight inches long in the median line, commencing near the navel. The pencil was soon found lying transversely, one end near the navel and the other penetrating the ascending colon. The edges of the wound in the colon were freshened and closed by three fine cat-gut sutures.

The intestines and peritoneum were in a highly congested condition. The abdominal wound was closed first by interrupted cat-gut sutures passed through the parts on each side, then a continuous suture was used and the wound perfectly closed except a very small angle at the lower part; no drainage tube was used, the usual antiseptic dressings were applied.

The patient rallied quickly and well from the operation. The after-treatment was conducted by Drs. McDonald, Porter, and Hammer. The patient was kept well under the influence of morphine for several days. She vomited considerably for two days after the operation. Her temperature at no time exceeded 100°, nor did her pulse go above 90. The wound healed by first intention throughout its whole extent. Three weeks from the day I operated, she came on the train and walked four squares to my office; and at the present time she has fully recovered, and for several weeks has been doing her usual work, washing, ironing, etc.

The room in which the operation was performed was a small, low, dingy place. The next day after the operation the room was flooded during the great rain-storm of August 21, so that in her fright the patient jumped out of bed and was then carried upstairs, by a narrow crooked stairway; but notwithstanding all the unfavorable surroundings, she made good and rapid recovery.

The part she penetrated in passing the pencil up must be a matter of conjecture. Neither the womb nor any part of the vagina showed signs of laceration at the time I examined her. The pencil was an ordinary lead-pencil, six and three-fourths inches long, with a smooth brass cap on the end of which she passed first. The lead and glue were softened. The pencil was removed intact, yet it fell apart when exposed to the air.

The points of peculiar interest in this case are just how and through what parts it penetrated in passing, and the tolerance by the peritoneum of the foreign body for so long a period.—*J. L. Crawford, M. D., in Philadelphia Med. and Surg. Reporter.*

THE CAUSE OF YELLOW FEVER.—Dr. J. C. Le Hardy, of Savannah, in our excellent exchange, the *Atlanta Medical and Surgical Journal* for December, after giving the history of the disease, is convinced (1) that yellow fever belongs essentially to the Atlantic and Gulf coasts, and that for more than two centuries it has never been epidemic in any single year over any

great extent of that coast; (2) that an epidemic may extend throughout the valley of a river; or (3) that it may be restricted to a portion of that valley; or (4) that it may confine itself to a locality. The season before an epidemic of *yellow fever* is a "peculiar" one—the rainfall has been excessive and the solar heat oppressive. An epidemic, therefore, rarely begins before August and as rarely lasts, as such, after November. *Asiatic cholera* follows the line of travel, whether among the mountains or valleys. *Smallpox* is communicated from individual to individual, wherever it may originate. The differences are: (1) *Yellow fever* follows inhalations of the germs (spores) of a plant which float in the air of an infected place. This plant is known only by its habits, and fructifies abundantly only along the Atlantic and Gulf coasts and the valleys of the inflowing rivers because these places only furnish the essential soil, moisture and heat; but the conditions of earth and air required for the growth of the plant never occur at the same time along any extensive coast line, although they do sometimes exist along every part of a river valley. (2) *Cholera* is produced by the drinking of water in which the germs of the producing plant are in active existence. (3) The germs of *smallpox* emanate from an individual having the disease, and therefore is called contagious, while *yellow fever* and *cholera* are known as infections.

From these premises, Dr. Le Hardy thinks that the only conditions which should cause a reasonable fear of an outbreak of *yellow fever* in his section are: (1) The location of the town on the coasts or in the valleys of rivers debouching thereon. (2) Bad drainage of the place and its environs, following a long continued hot spell and heavy rainfalls in early summer; or (3) the coming in of a ship from an infected port or closed car, a trunk, etc.—the preceding conditions being present, but not otherwise. These conditions being wanting, the germs or spores of the *yellow fever* plant can never produce an epidemic of the disease. But wherever the epidemic conditions of the earth and air are general, all efforts to stamp out the disease have always proved utterly futile. The Doctor very forcibly argues by facts and suggestion that, with the existence of the favorable conditions for

the origination of yellow fever in any place, quarantine does not protect against the outbreak of epidemic. Quarantine only protects those places where the spores or germs of the disease have never hibernated in the soil, and yet with the pre-existing condition of moisture and heat.—*Virginia Medical Monthly*.

YELLOW FEVER.—Dr. G. M. Sternberg, who was commissioned by the College of Physicians, of Philadelphia, to investigate the methods of protective inoculation as practiced in Brazil (by Dr. Domingos Freire) and in Mexico (by Dr. Carmona y Valle), reported that facts concerning the endemic and epidemic prevalence of the fever justify the belief that its cause is a micro-organism, which can, under suitable conditions, be propagated outside the body, as well as be capable to be transported to a distance; also that, as a single attack of yellow fever, however mild, mostly protects from future attacks, there is reason to hope that such protection might be gained by inoculation. The yellow fever germ probably gains entrance into the body by the respiratory or alimentary tracts, or through the surface of the body, or it is possible that it multiplies in insanitary localities and develops a volatile poison which contaminates the air. The former hypothesis, that it enters the body and multiplies within it, is, he thinks, the more probable. Hitherto the germ has not been found in the blood and tissues of those attacked, for Dr. Sternberg does not confirm the alleged discovery made by Dr. Domingos Freire. Nor is there, in Dr. Sternberg's opinion, any satisfactory evidence that the method of inoculation practiced by Dr. Domingos Freire has any prophylactic value, and the same applies to the claims put forward by Dr. Carmona y Valle, of Mexico.—*Lancet*.

PREJUDICE OF THE PUBLIC AGAINST CALOMEL.—It is, indeed, very unfortunate that the abuse of calomel centuries ago should be held by the laity against its present methods of administration. Like a reformed drunkard the stigma follows. This is radically wrong. We desire to voice the sentiments of Dr. J.

M. Isabel, of Abilene, Tex., as expressed in the November number of the *Texas Courier Record of Medicine*, Dr. Isabel says: "It is especially in bowel troubles of children, in catarrh, enteritis, cholera infantum, etc., that calomel stands as one of the best, if not the best, drug in our armamentarium. This was well known before calomel was thought of as a germicide, and before the germ theory of disease was dreamed of. In these affections calomel gr 1-16 to gr 1-4 combined with an equal amount of Dover's powder and a little bismuth still remains a standard prescription and applicable to a larger number of cases than any other."

This is the conclusion arrived at by Dr. Isabel after many years of experience; nevertheless, there is to be found among otherwise intelligent people many who have the daring assumption to condemn calomel under all circumstances—on general principles, you know. Certain Jim-Crow Pathies devote much of their time to enlighten the laity on the "d-a-n-g-e-r-s of calomel." This is done to get practice, and when a proselyte is made by one of those sanctified, long-neck, fly-up-the-creek "new practice" fellows, he at once changes the treatment and gives you more calomel. Would you not prefer to take calomel from a physician who is honest enough to tell you the truth than from one who salivates you so badly on "*vegetable medicines*" that you will be coughing your teeth out for the next six months? Saby? They all give calomel—honest men tell you it is calomel, but dishonest men deny it in order to cater to your prejudice and court your practice. Beware of the nincompoop who attempts to prejudice you against physicians who prescribe calomel.—*Texas Health Journal*.

ARTESIAN WELLS IN MEMPHIS.—The cities of the Mississippi Valley have never been noted for the purity of their water supply, as they have depended largely on river water. Recently, the city of Memphis has been experimenting with artesian wells, and has found an inexhaustible supply of the best water directly under its site. A true artesian basin covered by a perfectly impervious stratum has been discovered, which is now fast displacing the unsatisfactory Wolf River as a source for water.

Hitherto this river has supplied the city's wants. Thirty-two artesian wells have been driven over an area 2,000 by 300 feet. They are driven to the depth of about 450 feet. They first pass through about 20 feet of bluff loam, then through 24 feet of sand and gravel, and finally through 150 feet of hard, impervious clay. The water-bearing stratum is then reached, which consists of perfectly clean sand 700 feet deep. The water rises far above the level of the Mississippi River. Permanent works are now in progress. A large well is to be sunk 80 feet below the surface. From this a horizontal tunnel 200 feet long will be carried through the hard clay. This tunnel will be five feet in diameter, and the wells will be connected with it. The water will be pumped from the large well. The tunnel can be extended indefinitely, and more wells can be bored as the supply may need extension. The temperature of the water is practically uniform, and averages about 62° Fah. It is impossible to overestimate the importance of this development as far as Memphis alone is concerned. But the same basin includes many other cities, and eventually a large area may be benefited by the discovery so happily made at Memphis. Mr. R. C. Graves, manager of a local ice company of that city, had used artesian water for making ice, and to him is largely due the credit for the new Memphis water supply.—*Scientific American*.

A NATIONAL PATHO-BIOLOGICAL LABORATORY.—We have received a copy of a bill which is to be presented to Congress, for the encouragement of scientific research particularly in the direction of the nature and cause of contagious, infectious, and malarial diseases. The following are its distinctive features:

1. The bill divides the work into two distinct divisions, human and animal diseases.
2. It places it in charge of the Surgeon-General of the Marine Hospital Service, thus supplying him with the means of acquiring a body of competent workers, with whom he may become acquainted beforehand.
3. It leaves him the world to choose from for directors of the

two institutes, while it limits the selection of assistants to this country, thus providing the way of Americans of ability to rise to chief positions.

4. It gives a chemist to each institute.

5. It opens the way to independent workers, and thus increases the number, while the country has the benefit of the results.

6. It opens the way for students, thus providing the means for Boards of Health and medical schools to obtain competent men, and stimulating research in all parts of the country.

7. It tends to make our national capital a center of learning and culture, which should be the ambition of every citizen.

Certainly a measure presenting the above features cannot fail of the support of the medical profession. Our government has done much too little in the way of fostering scientific research. The pre-eminence which Germany occupies in the world of science is due to the encouragement and financial support which she systematically gives to the original investigator. The work contemplated in the bill referred to is, moreover, one the benefits of whose results will be entirely to the people. We are pleased to note that Dr. Frank S. Billings, Director of the Patho-Biological Laboratory, of the State University, at Lincoln, Nebraska, has lent himself to the enactment of the bill, and any measure into which he interjects his personality has made a long stride towards success. We hope he will receive, as he should, the cordial support of the profession in his efforts.—*Medical Age*.

SULPHONAL.—Prof. Wm. H. Flint, M. D., in a clinical report on this drug in the *New York Medical Journal*, makes the following statement:

“While the cases reported above are too few to justify any generalizations regarding the exact indications and effects of sulphonal, they yet offer some interesting corroborative evidence regarding its great hypnotic value already established by earlier observations. The general conclusion which may be drawn from these observations is that sulphonal, even in single doses of 20 or

30 grains, is a safe and, in the main, reliable hypnotic, free from unpleasant concomitant effects, and usually free from all undesirable sequelæ.

The average length of time at which sleep ensued after the administration of sulphonal was about an hour.

The average duration of sleep was a little over six hours, and success attended the use of sulphonal in about 82 per cent. of all the trials.

The high average of successes, in a series of unselected cases, many of which were plainly unsuitable for experiment with a pure hypnotic, encourages the writer to publish this record in the hope that it may aid in hastening the general introduction of sulphonal."

THE NAVAL MEDICAL SERVICE.—It appears by the "Report of the Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy" for the year ending Oct. 25, 1888, that there appears to be no immediate prospect of legislation making the medical service of the navy attractive enough to lead to the filling of the vacancies in the corps, which are now eleven in number. This is a state of things that is to be very much regretted, and one to which we have more than once alluded. The difficulty continues in spite of the almost continuous session of an examining board for several years past. Unless Congress takes the only proper course open to it—that of improving the condition of assistant surgeons in rank and pay, as the bureau has repeatedly recommended—it is only a question of time as to a lowering of the standard in the admission examinations, an alternative that Surgeon-General Browne most properly deprecates. If that step has to be taken, the navy will shortly find itself officered by incompetents so far as the medical corps is concerned.—*New York Medical Journal*.

THE CURATIVE ACTION OF CASCARA SAGRADA.—Bufalini reports none but favorable results from the action of cascara sagrada, the name by which the bark of *rhamnus purshiana* is

designated. In seven cases of habitual constipation, treated with it, he secured the desired evacuations. In one case in which 5 g. of the dry extract was consumed, and the use had been discontinued after six weeks' trial the former condition returned within the following two months, but in a lesser degree; for, while before treatment a passage had occurred, on an average, only once in eight days, after treatment the average interval between two evacuations was only two days.—*Annali di Chem. E di Pharm*, Feb., p. 88.

REPORT ON DISEASES OF WOMEN IN THE VIRGINIA MEDICAL SOCIETY.—Dr. George B. McCorkle, of Covington, presented the report. In regard to electricity, he presented the conclusions of Dr. Martin, of Chicago, as to its use in the treatment of fibroids of the uterus. It was free from danger, was absolutely painless, invariably checked excessive hemorrhage, rapidly reduced the size of the tumors, and stopped neuralgic pains; its use was based upon the principle of the exact dosage of electricity. Electricity had likewise proved useful in removing tumors from the female breast in the practice of Dr. Garnett, of Berlin. It had also been useful in increasing the flow of milk in mothers' breasts. Dr. Byford used electricity in paralysis of the bladder after inflammation had subsided. Dr. Rockwell had successfully used it in amenorrhœa. Even in a case of complete extrusion of the uterus electricity had been successfully resorted to, to retain the organ in place after its reposition. Operative procedures seemed to be taking the place of passaries. Dilating and curetting the uterine cavity for numerous growths on its inner surface, etc., were again becoming very popular.—*New York Medical Journal*.

ALCOHOLISM.—Dr. Lewis D. Mason discusses, in the *Quarterly Journal of Inebriety*, the etiology of dipsomania and heredity of inebriety. He has collated a large amount of testimony bearing on this subject; and from this, and from his own experience, which has been very large, he draws the following conclusions: First, alcoholism in parents produces a degenerate nervous system in their children, and subjects them to all forms of neuroses,

epilepsy, chorea, paralysis, mental degeneracy, from slight entelembement to complete idiocy and insanity; Second, alcoholism in parents produces a form of inebriety in their children known as dipsomania, which in the large majority of cases is inherited in the same manner that other diseases are inherited, and we can with propriety and correctness use the term "alcoholic or inebriate diathesis" in the same sense that we use the term "tubercular," or other terms indicating special tendencies to other inheritable diseases.—*Jour. of Am. Med. Ass'n.*

IRREGULAR MENSTRUATION.—T. J. R. Clarkson, L.R.C.P., L.R.C.S., Pateley Bridge, Leeds, England, says: "My experience with Aletris Cordial is limited to one case. The patient, a young lady of 21 years of age, had never in her life been regular, the flow being very scanty. One dose brought on the discharge, which was more profuse than any she had experienced. She has been very regular since. Of course it is difficult to believe that one dose could bring about this result, but nevertheless the fact remains that she has been regular since taking it, a thing she never was in her life before. I shall be glad to write you after a more extended trial."

THE DOSAGE OF CHLOROFORM.—Mr. G. R. Foulerton, in a note on the dosage of chloroform (*Lancet*, November 3, 1888), says that his own rule is never to administer it at a faster rate than a drachm in five minutes; and after complete anæsthesia has been induced, the quantity necessary to maintain that state falls in inverse ratio to the length of time that the operation lasts. He believes that this rule is in accordance with the practice of most of those who are in the habit of administering chloroform to any extent.—*Philadelphia Med. and Surg. Reporter.*

The latest thing in homœopathy is the administration of snakes, instead of whisky, as a remedy for delirium tremens. The remedy is certainly a logical one, from the standpoint of *similia similibus curantur*, and is scarcely more ridiculous than some of the other remedies employed by that school.—*Med. Age.*

SULPHURIC ACID FOR FURUNCLES.—Dr. Charles P. Becker, in an article in the *New York Medical Journal*, recounts some of the therapeutic effects of sulphuric acid. He says: "In the treatment of furuncles, it has in my hands acted as a specific. I have not once failed to cut short a course of boils where I have administered it." Besides administering the drug internally he applies a weak solution externally to boils and carbuncles, by means of lint saturated with it.

QUEBRACHO IN DYSPNŒA OF PHTHISIS.—Dr. J. P. Baird, Greenville, Tex. (*Therap. Gaz.*), has found that twenty minim doses of fluid extract of quebracho gives excellent results in the dyspnœa of phthisis.—*Medical Standard*, Oct. 1888.

Reviews and Book Notices

A TREATISE ON THE DISEASES OF WOMEN, for the use of students and Practitioners, by ALEXANDER J. C. SKENE, M. D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, N. Y.; Formerly Professor of Gynecology in the New York Post-Graduate Medical School; Gynecologist to the Long Island College Hospital; President of the American Gynecological Association; Ex-President of the New York Obstetrical Society, etc., etc. With 251 engravings and 9 chromo-lithographs (colored), 8 vo. cloth, pp. 966. D. Appleton & Co., Publishers, New York, 1888.

The science and art of gynecology being peculiarly of American origin, it is needless to say that McDowell, Sims, and others who first gave it form and being, have had many able followers on this continent, and but few, if any, have so vast opportunities been added to more careful training, thorough culture, and intense devotion than has been the lot and fortune of Professor Skene, who in this book has brought together the fully matured and essential facts in this great specialty, so arranged as to meet the requirements of the student of medicine, and be convenient to the practitioner for reference.

REVIEWS AND BOOK NOTICES.

In consideration of his subject, the diseases of women are divided into three classes: 1. Those occurring between birth and puberty. 2. Those developing between puberty and the menopause. 3. Those which occur after this important change has taken place in female life.

We fully concur with the author's statement in his preface, that "Each subject is briefly described, and histories of cases, special and complicated, are given as illustrative of the disease or injury under consideration, together with the author's mode of treatment. The number of illustrative cases given, depending upon the importance of the subject and the ability to make it more plain by this method."

He gives his own views and methods regarding practical matters, believing that while they may differ with the general literature of the day to some extent, they will be found reliable in practice, and be of interest to the specialist.

We have not space to go into a thorough review of the various subjects so ably presented, and will merely mention cursorily and briefly his views on the subject of those abominations, limited we hope, to a great extent to the past, if not relegated to oblivion, y'clept, pessaries. He does not fully endorse Peaslee, nor he does he accord with so correct an observer as W. L. Atlee, whom he quotes as having said: "I have had no experience with pessaries, at least with their introduction, but I have had a very long experience with their removal." He admits "that if the harm done should be placed opposite the good accomplished by all the pessaries in use, the results would be about equally balanced." He further says in the same paragraph, "It follows, then, that as matters stand at this moment, it is a question whether the human race would be better or worse if all the pessaries were put out of existence."

He then proceeds to give some very cautious and conservative suggestions in regard to their use, which he follows by one of the best chapters in the entire work. "On the abuse" of these miserable abominations, that he and others call pessaries.

In his consideration of Fibroma, he accords the highest rank to the electrolytic method of treatment of Apostoli,

yet in more than a dozen cases reported, he only mentions the use of the mild continuous current in one case, which was supplemented by tincture of iodine to uterine cavity, and the administration of ergot internally — all the other cases having been treated by other methods. Yet the article is a most excellent one, as are all, from title page to index. Take it all in all, it is a most admirable addition to the literature of this subject which no gynecologist can well do without, and should any student or general practitioner need a work on gynecology he cannot do better than procure this one.

The letter press, paper, binding, illustrations, etc., are all as excellent as the text deserves.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. BY AUSTIN FLINT, M. D., L.L. D., Professor of Physiology and Physiological Anatomy in Bellevue Hospital Medical College, Visiting Physician to Bellevue Hospital; Fellow of the New York State Medical Association; Member of the American Philosophical Society, etc., etc. With 316 figures and two plates. Fourth edition; entirely rewritten, 8 vo. pp. 872. D. Appleton & Co., Publishers, New York, 1888.

Eight years ago, Flint's Text-book on Physiology, a compilation of his excellent, complete and elaborate work "The Physiology of Man," in five volumes, first appeared. It was followed by two succeeding editions as the years rolled on, and new developments, new investigations and new ideas supplanted the old. But now, this distinguished, progressive and talented author, a most worthy scion of a noble and well-known sire, with his practical experience of so many years as a teacher in one of the most popular schools of medicine on the American continent, has deemed it necessary to entirely re-write the work, and the result is this magnificent and most excellent text-book before us.

With the modesty characteristic of one such eminence, he says in his preface that "One who has long been a student and teacher of physiology can hardly fail to have an idea, more or less definite, of what a text-book should be, however imperfectly he

may carry out this idea in this own work." That he has most satisfactorily and successfully carried out most correct ideas, we most unhesitatingly affirm, this affirmation being made after a careful and thorough examination of the work, impartial comparison with other text-books, and, to some extent, practical experience and humble efforts as a teacher of this most interesting, important and fundamental branch of medical science. As well received as were the earlier editions in their day, this fourth edition will greatly exceed them, and the author and publishers, are both to be congratulated on this edition. The substance of the text is concise and clear, the illustrations thoroughly elucidate and explain; with most excellent paper, clear, clean and perfect letter-press, this book is both a treat and a pleasure to the studious reader.

The author has endeavored to limit himself to facts as they are accepted, rather than fine-spun theories, and his views most clearly represent the most advanced ideas of physiology of the present advanced era, and his work can but continue to be regarded as a standard and authoritative text-book on the subject. It is unnecessary that we go into a full and extensive critical expose of the subject-matter, and we conclude by saying it will bear the investigation of the most critical, and can but merit universal commendation on every hand. The latest accepted facts, in fact all that is acknowledged and recognized as established and developed in this branch of science is thoroughly considered and clearly, lucidly and concisely stated in this most admirable text-book.

HAND BOOK OF HISTORICAL AND GEOGRAPHICAL PHTHISIOLOGY, with special reference to the distribution of consumption in the United States, compiled and arranged by GEO. A. EVANS, M. D., Member of the Kings County Medical Society; of the American Medical Association, and formerly physician to the Atlantic Avenue and Bushwick and East Brooklyn Dispensatories, etc. 12 mo. cloth, pp. 295. D. Appleton & Co., Publishers, New York. 1888.

Great conscience, what a name? Why could not the author have given a simple and more easily understood cognomen to his

literary offspring, as "A History and Geography of Consumption," instead of coining a new word? The most valuable part of this compilation is the condensation from the Tenth United States Census; and the statistical tables showing the death-rate from consumption in each of the States by counties. These may be of interest to one specially interested in the study of this disease, but the want of object or argument throughout the work will prevent its being very extensively read.

Outside the various "Dictionaries of Quotations," and others of like character, it is questionable if any work of its size can be found showing so many inverted commas. It might be very consistently dubbed "Quotations on Consumption."

PTOMAINES AND LEUCOMAINES, OR THE PUTREFACTIVE AND PHYSIOLOGICAL ALKALOIDS. BY VICTOR C. VAUGHN, Ph. D., M. D., Professor of Hygiene and Physiological Chemistry in the University of Michigan, and Director of the Hygienic Laboratory; and FREDERICK G. NAVY, M. S., Instructor in Hygiene and Physiological Chemistry in the University of Michigan. 12 mo. Cloth. pp. 316. Lea Brothers, & Co. Philadelphia, 1888.

The definitions and explanations, which of necessity open this subject, are of a most thoroughly simple and attractive character. The historical sketch of the discovery and of the subsequent investigation of the bodies in question, is quite as entertaining as any single epoch of history; and familiarity with the one is as much *an essential* of medical culture as an acquaintance with the other is a requirement of a claim to intellectuality.

A well-considered chapter is devoted to the occurrence of ptomaines in food stuffs, a not too large part of which is devoted to the discovery, tests and character of tyrotoxon, a poisonous base, developing in milk under certain circumstances, which Prof. Vaughn first isolated.

The chapter of the greatest interest and importance, alike to physician, pathologist and biologist, is that one treating of the relation of ptomaines to diseases, and of how they are induced by the activity of germs. The great mass of vitally important facts in toxicology can hardly yet be said to have simplified labor in

this department of medicine, when putrefactive bases have been more or less completely isolated which mimic the reaction of nine of the most important alkaloids. The methods of extraction of ptomaines are discussed at length, and a chapter is devoted to their chemistry.

Leucomaines are the outcome of much patient labor in physiological fields and many gratifying and interesting facts are associated with their development. Some of the secrets of digestion; the metamorphoses by which power is developed; a suggestion as to the nature of the organic fusion in expired air; and some studies on the venom of serpents and the like, are considered in this connection. We think the open sincerity of this book will do much for medical advancement. Omniscience alone could do what ignorance and assumption will so strongly attempt—bring discouragement to these adventurers into so new a field. But a firm grasp of the established facts, and a tentative and an impartial treatment of those as yet only indicated, will at length award the disinterested investigator his desired emolument, the discovery of a natural cause.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM, being a study of this portion of the human body from a standpoint of its general interest and practical utility in diagnosis, designed for use as a text-book and school of reference, by AMBROSE L. RANNEY, A. M., M. D., Professor of Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School; Professor of Nervous and Mental Diseases in the Medical Department University of Vermont; Author of "Practical Treatise on Surgical Diagnosis;" "Practical Medical Anatomy;" "Electricity in Medicine;" etc., etc. Second edition, re-written, enlarged and profusely illustrated, 8 vo., cloth, pp. 791. D. Appleton & Co., Publishers, New York, 1888.

On the title page of this most excellent work we find the following quotation from Ruskin:

"The greatest thing a human soul ever does in this world is to see something, and tell what he saw in a plain way. Hundreds of people can talk for one that can think, but thousands can think for one who can see. To see clearly is poetry,

prophecy, and religion all in one." That the author of this book has kept his eye—yes, his mind's eye, on this point of the literary compass, even as the mariner does his by the dim binnacle light in the most darksome night, and in the most perilous storm, on that silent monitor that ever points to the Polar Star, goes without saying to all who will avail themselves of the advantages he has offered in the well written pages of his work.

To the neurologist, this book will prove a treat indeed. It contains matter that will interest him much. The aim of the author has been to furnish a reliable guide to the student of neurological anatomy and physiology, in which he may find the views of the leading minds in that field accessible, and the main facts which are applicable to diagnosis clearly interpreted.

This work, while occupying the humble position of only a second edition, is a new one in every respect, a good one we unhesitating assert, and one that will be appreciated we well know.

It is well written, most excellently printed, fully illustrated by elucidative engravings, and can but prove a most valuable addition to any physician's library.

Editorial.

ANNUAL MEETING OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The Association met in the rooms of the Y. M. C. Association, in Birmingham, Ala., Tuesday, December 4. A preliminary meeting of the officers of the Association having been held the evening before to consider the best means of preparing for the auspicious event.

The Association was called to order by the President, Dr. W. D. Haggard, of Nashville, Tenn., who proceeded to deliver the annual address as President, which we are pleased to place before our readers in the "*Original Department*" of this number. It is needless to say to those who know the talented, energetic and gifted presiding officer, that his address was well-delivered, well-received, and elicited many heartfelt, warm and well deserved encomiums from his associates.

Quite a number of papers were read by title, emanating from some of the ablest and most progressive men of the South, and the following papers were read by their authors, eliciting, in every instance, an animated and instructive discussion on the part of their hearers.

Pelvic Cellulitis, by Prof. Virgil O. Hardon, M. D., Atlanta, Ga., the author holding intermediate views between Tait and Emmett.

Extravagancies and Impracticable Requirements of Modern Anti-Septic Surgery, so far as the Country Practitioner is concerned, by J. M. Taylor, M. D., of Corinth, Miss.

These papers, with the lively, entertaining and instructive discussions occupied the first day's session.

At night the Association again convened, and with them was quite a large and reputable representation of the best citizens of the "Magic City," to hear the annual oration, a popular address which was exceedingly well delivered and as well received. The orator was Dr. W. F. Hyer, of Mississippi, a member of the Mississippi State Board of Health, a gentleman well known for his enterprise, his energy and his attainments, a rare and ripe scholar, who remarkably and well entertained his audience, professional and lay, by his discourse on *The Relation Between Doctor and Patient*.

The musical entertainment on the part of the amateur musicians of Birmingham was quite a success.

The first paper read on the second day was by Dr. Bedford Brown, of Alexandria, Va., on the subject of *Medical Treatment of Uterine Fibroids*; which was followed by a paper read by the able and efficient Secretary, prepared by Dr. John R. Buist, of Nashville, Tenn., the subject being the "*Present Status of Electro-Therapeutics in Gynecology*."

The next paper was read by its author, the courtly, the gifted and able Professor of Diseases of Women and Children in the Kentucky School of Medicine, and the Chairman of the Section on Obstetrics and Diseases of Women, at the next meeting of the American Medical Association. Prof. W. H. Wathen, M. D., of Louisville, Ky., his subject being *Hysterectomy for Cancer of the Uterus*.

Fracture of the Forearm was the title of a paper by Dr. John Brownrigg, of Columbus, Miss.

He was followed by W. T. Westmoreland, Jr., of Atlanta, Ga., in a paper on "*Plaster of Paris Splints*."

Lacerations of Perineum and Rectocele was the subject elucidated by

Prof. J. H. Blanks, M. D., of Nashville, Tenn., in a paper and report of cases.

On the third day the first paper was by Dr. James Guild, of Tuscaloosa, Ala., a veteran in the profession, his subject being *Gynecology and Surgery*.

Fractures of the Cranium and Report of Cases was the title of the paper read by Dr. J. Locke Chew, of Birmingham, Ala.

Menorrhagia, with Report of Cases, by Prof. W. D. Bissell, of Atlanta, Ga., next occupied the attention of the Association.

He was followed by Dr. R. D. Webb, of Birmingham, Ala., in a paper on *Operative Procedures in Hypertrophy of the Prostate*.

Electrolysis in Morbid Alterations in the Prostate, Produced by Gonorrhea, was the title of a paper read by Dr. J. D. S. Davis, of Birmingham.

Very interesting discussions, in which mental thought clashed with meteoric brilliancy, very much served to elucidate the salient points brought out in each paper. There were present no less than seventy-five representative surgeons of the South and West. Among them Nashville was well and ably represented by the President, Dr. W. D. Haggard, Prof. Duncan Eve, M. D., W. Frank Glenn, M. D., Dr. J. H. Blanks, M. D. Louisville, Ky., sent her Wathen and Prof. W. O. Roberts, M. D., representing two of her most flourishing schools of medical instruction. Atlanta was well represented by Hardon, Westmoreland and Bissell.

Many telegrams were received from such men as Mastin, Kinloch, McGuire, Briggs and others of the South and West, promising allegiance to the Association.

Among the resolutions offered was one of thanks for the many public entertainments, excursions, etc., which were tendered by the citizens of Birmingham, all being respectfully declined, as the time and sessions of the Association were exclusively devoted to business and scientific work. All of the members, however, were most hospitably and elegantly entertained by the various members of the profession in Birmingham during the interim of the sessions, among which may be well-mentioned the private entertainments of the Drs. Davis, which were choice, recherche and elegant.

An amendment to the by-laws was adopted, the substance of which is as follows:

"That hereafter all applicants for membership shall submit to the Judicial Council an original paper on some surgical or gynecological

subject, in addition to evidences of good moral standing in the profession."

The Association adjourned Friday evening, Dec. 7, to meet in Nashville, Tenn., on the second Tuesday in Nov. 1889, after electing the following officers :

President, Hunter McGuire, M. D., of Richmond, Va.

First Vice-President, Prof. W. O. Roberts, M. D., of Louisville, Ky.

Second Vice-President, Bedford Brown, M. D., of Alexandria, Va.

Judicial Council, Prof. W. T. Briggs, of Nashville, Tenn.; Virgil O. Hardon, M. D., of Atlanta, Ga.

The following committees were appointed by the President :

Publication Committee—Prof. W. B. Rogers, M. D., of Memphis, Tenn.; Prof. V. O. Hardon, M. D., of Atlanta, Ga., and W. E. B. Davis, M. D., of Birmingham, Ala.

Committee of Arrangements—Prof. Duncan Eve, M. D., of Nashville, Tenn.; Richard Douglass, M. D., of Nashville, Tenn.; John R. Buist, M. D., of Nashville, Tenn.

AMERICAN PUBLIC HEALTH ASSOCIATION.

We find the following synoptical report in *The Chicago Medical Journal and Examiner* for December, 1888, and cheerfully give it space in our editorial department :

"The sixteenth annual meeting of the Association was held in Milwaukee, November 21, 23 and 24. Dr. C. N. Hewitt, of Red Wing, Minnesota, presided :

The first report made was that of Maj. Charles Smart, of the United States Army, being the report of a special committee on "The Pollution of Water Supplies," insisting on the harmfulness of sewage in potable waters from whatever source derived, whether from wells or larger sources of supply—whether supplied to dwellings or populous cities, and however remote the source of the contamination might be, so long as the sewage could in any way reach the water supply." The report drew attention to the fact that the pollution of the smaller sources of supply of water were recognized and remedied, whereas the larger sources, though more injurious, may be overlooked or be longer disregarded, and instanced the contamination of the waters by the sewage of the city of Chicago as pumped into the canal from the river

and conveyed to the towns along that canal, and considered the matter of purification of water in its passage. Although that report admits that aëration doubtless does measurably promote the oxydation of organic matter under such circumstances, it claimed that various bacteria and bacilli that are known causes of malarial and typhoid fevers and many epidemic diseases were propagated under such circumstances. It stated also that settling basins, such as are used at St. Louis, and larger filters, such as are used at Atlanta, remedy this evil; that it is neither the odor nor discoloration that are the index of the pollution and potability of any water supply. These may be remedied so far as can be observed by the unaided eye, but only careful microscopical examination or chemical analysis can determine these points.

The report endorsed the verdict of English authorities that rivers which have received sewage, even though much has been purified before it is discharged, are not safe sources of potable water. The conclusion was that, reduced to its lowest and simplest terms, the question of water supply is this: "The raising of sufficient money to bring in the wholesome water, and the investment of the health officer with power to preserve the wholesome quality of the public supply, and to prevent the use of water from sources which are known to be unwholesome." He cited the advantages resulting from an establishment of State Boards of Health in Massachusetts, Illinois, and Minnesota, with the power conferred upon them to examine into and regulate the sources of water supply within those cities.

The annual address of President Hewitt was next delivered, which maintained that the cause of public sanitation needs intelligent, hearty and constant interest in, and support from, all classes of people. The aim of the Association should be to secure the diffusion of the greatest amount of intelligence among all classes, to guard against those things which result in disease, and especially to protect the homes of the poor who have neither the intelligence nor the power to protect their own homes. He quoted the language of a former President, who said: "To secure for all most perfect action of body and mind, so long as it is consistent with the laws of life; to help make all growth more perfect, decay less rapid, life more vigorous, and death more remote, are the ends sought by public sanitation." He dwelt upon the advantages of detailed sanitary work at all times, and the advantage that it gave by systematic organization in case of the occurrence of epidemics, provided great care was exercised. He maintained that

the highest efficiency of local boards, rural as well as urban, is of the first consequence, and that the true function of a National board should be, on the one hand, to facilitate and cement the independent helpfulness of State boards among each other; and, in the second place, to provide for a thorough international system of sanitary inspection in connection with our consular system.

A paper by Dr. Benjamin Lee, of Philadelphia, was read, giving a series of synoptical memoranda of observations made at various quarantine stations along the Atlantic coast, including that of New York, which, though expensive, had fallen into a dilapidated condition, and was hampered by antiquated and inadequate methods under a system of political spoils'-grabbing and assessments, with an enormous income from fees and fines attached to the office; that of Philadelphia, of abutting on a sewer-polluted marsh; that of Baltimore, situated too near the city, and lacking proper means for disinfection; that of Norfolk, Cape Charles, and Wilmington, described as sanitary sepulchres not even whitened for appearance sake. From these observations he gave the following estimate of the system:

1. Want of uniformity in quarantine regulations. Placing one port at a disadvantage, either commercially or sanitively, as compared with another.
2. Conflict of authority, owing to the methods of appointing officials.
3. Entire lack of appreciation on the part of local legislatures, whether State or municipal, of the importance of the expenditure of considerable sums of money in order to render quarantines efficient and inoppressive.
4. Tendency on part of the local, civic, and sanitary authorities to limit their responsibility to the protection of their own city, reckless of the consequences which may ensue to inland communities if they permit infection, which circumstances rendered harmless to themselves, to pass unchallenged to the latter.

Dr. Crosby Gray, health officer of the city of Pittsburg, Pennsylvania, presented a report on the contamination of that city's south side water supply by surface drainage, in which he gave the results of a very careful topographical, chemical, and biological examination into the general causes of a higher death rate on that side of the city than in other portions of the same city, and particularly regarding a severe epidemic of typhoid fever which occurred recently in the district described. His investigations demonstrated that the water supply drawn

from the Monongahela River is being greatly and seriously polluted by sewage, factory refuse, and other nuisances, and that the epidemic referred to had been caused by the sudden down-wash through rain-water surface drainage of the excreta of typhoid patients through gullies above the in-take.

After an attempted estimate of money lost resulting from neglect of sanitary conditions, he claimed that this great waste might be stopped by the establishment of improved water service, drawing its supply from unpolluted sources, which would in the end prove an economical measure, even though the expenditure in securing such supply might be great.

Dr. H. B. Baker, Secretary of the State Board of Health of Michigan, advocated some methodical and thorough classification of vital statistics, based on scientific and instructive principles, in order that statisticians may be enabled to draw reliable and useful conclusions.

Dr. J. H. Rauch, Secretary of the State Board of Health of Illinois, read a paper on "Yellow Fever, Panics and Useless Quarantines, its Limitation by Temperature," in which he strongly urged the establishment of an efficient National board of health. He maintained that with the thermometer at 70° Fahr. or lower, there was no danger of the spread of such an epidemic of yellow fever as has recently occurred in our Southern States, and that much of the quarantining that had been done against them was unnecessary, and sometimes even cruel; that the importation of the disease should be provided against by the most careful, expert, consular espionage, and kept out by rationally efficient coast quarantines.

He drew attention to the depressing influence of fear of individuals and panicky feeling existing in communities in time of epidemics, and maintained that frank and accurate statements of facts, promptly and authoritatively made at such times do much to guard against the demoralized state which often accompanies such epidemics, and advocated that efficient and harmonious co-operation should prevail among the various State boards of health.

Dr. F. Montizamber, quarantine officer in the Province of Quebec, read a paper giving a detailed account of the equipment on land and water for the care of immigrants stationed on Grosse Isle, and appliances for disinfecting vessels. It was followed by a discussion as to whether sulphurous acid gas is better, generated by combustion in the hold, or forced into it by means of a fan.

Dr. L. N. Salomon briefly described the New Orleans quarantine station, describing improvements in location and equipment, present and prospective.

- Dr. S. H. Durgin, quarantine officer at Boston, described the methods observed at that quarantine station.

Dr. S. S. Kilvington, President of the State Board of Health of Minnesota, read a paper, in which he described this as "The era of filth formation." He strongly advocated careful sanitary measures for every modern city. He also advocated the destruction of garbage of cities by cremation. He described the characteristics of the different crematories now in operation in this country.

In discussing the merits of the different forms of crematories now in use for the destruction of garbage, Health Commissioner DeWolf, of Chicago, stated that while he had believed in the practice of garbage destruction by fire, yet he had recently been converted to what he considers a more economic, yet sanitary, disposal of garbage by the Buffalo distillery crematory.

He was followed by Health Officer Clark, of Buffalo, who described that crematory. He stated that it is odorless in its working, and that the expense of running it was defrayed by lubricating oils which were extracted in the process, and that the result of the distillation furnished fuel for the running of the furnace, thus economizing in the use of coal.

Dr. J. Cochran, of Alabama, read a paper on the problems of yellow fever epidemics, in which he noted the fact that yellow fever has not obtained a permanent foothold in the United States, but believed that there was danger that it might do so in that part of Florida south of the frost line. Thus far the disease has been transferred from one locality to another by persons who have been in the infected district. He advanced the idea that cats, dogs, and other inferior animals, might be a cause of spread of the contagion, as has been claimed to have been done in times of scarlet fever and diphtheria epidemics. He drew attention to the greater danger of individuals to exposure in infected districts by night than by day. He believes that white people are more susceptible to an attack of scarlet fever than negroes, men more than women, adults more than children; that persons of dark complexion are more liable than those of fair complexion. He opposed the depopulation of infected cities, and claimed that the disease makes slow progress at first, sometimes being confined to a single house; and spoke of the advantages of care in isolating private resi-

dences, which often brings immunity to the occupants of residences thus isolated. He also opposed the formation of refugee camps.

Dr. A. N. Bell, with others, submitted evidence confirmatory of the impression that the disease is infectious rather than contagious; that the clothing of the individual may be a means of infecting other persons, but that the disease is not taken by one individual from another even by actual personal contact—facts which seemed to have been well established by previous experience.

Dr. Bell presented a report of the committee on sanitary and medical service of emigrant ships, which showed the great deficiencies existing in that service.

The Lomb prize in Hygienic Dietetics was awarded to Mary J. Hinman.

Several papers were read by title. Some routine business was transacted, and the Association adjourned.

President for the following year, Professor H. A. Johnson, M. D., of Chicago, Illinois. Next place of meeting, Brooklyn, New York.

OUR ELEVENTH VOLUME.

With this number we begin our eleventh volume, and we are gratified to say that we write these concluding lines of its first number with a greater degree of gratification than we have felt at any previous time. While our circulation has been greatly increased during the past year, we are more than pleased at the far greater number of renewals of subscription for the ensuing year, already received, than at any preceding time, and with so many of the orders for renewals are such encouraging and gratifying words from those for whose medico-literary tastes we have been catering in the past.

With each preceding year, it has been our custom to make more or less promises in regard to our efforts in behalf of our journalistic efforts. How well we have succeeded in fulfilling these promises, the present satisfactory and substantial success of the journal is ample evidence.

In the future as in the past, we shall to the best of our ability, endeavor to present to our readers each month, the ever advancing and progressive movements of the grand science and art of medicine and surgery; taking particular care and especial pains not to weary our readers with fine spun theories, lengthy lucubrations, or puerile platitudes. In sending out each month, forty-eight or more pages of

reading matter for the small sum of only one dollar per annum, it is necessary that we use extreme care, caution and much labor, that our limited pages contain only that which may prove of practical value to our readers. This we endeavor to do to the best of our humble ability: For example, the "Bergeon fizzle" has occupied but little space in our pages, while the "Rectal Insufflation of Hydrogen as a Means of Diagnosis of Perforation of the Intestinal Tract," being a measure of practical utility, has been accorded a reasonable amount of space. So in the future as in the past, we shall use our utmost efforts to present to our readers each month, that which we believe to be of the greatest practical utility.

MESSRS. ELI LILLY & Co., of Indianapolis, have issued a work entitled "Hand Book of Pharmacy and Therapeutics." The aim, as stated in the introduction, is to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this little work full of suggestions. It will be sent free to any physician, druggist or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this Journal.

MESSRS. HASSLOCK & AMBROSE, our publishers, although sustaining material loss by the fire occurring in this city on the night of December 24, and being temporarily discommoded, hence the delay of this issue of our journal, are again ready to do anything and everything in the line of book, job and fancy printing, in the highest style of the art, with celerity, excellence and at reasonable prices.

ROBERT SMITH, M. D., Durham County Asylum, Sedgfield, Ber-ryhill, England, May 25, says:—"I have tried your Bromidia, and found it so very satisfactory that I have used your preparation constantly ever since. I think I need say nothing more in its favor.

Look at the Wrapper of this number, and if your subscription has expired, dont neglect to renew it. Only one dollar a year, for a good, live, readable, entertaining and interesting medical journal.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

OUR ADVERTISERS.

We desire to call the attention of our many readers to our advertising pages, which will well repay a careful perusal. We have adopted the rule, which has been strictly adhered to, of admitting nothing but first-class, reliable articles, which we can cordially commend.

MESSRS. REID & CARNRICK, of New York, call attention to a new use for their Liquid Peptonoids. Their Pancrobilin, Phospho-Caffein comp., and all other preparations prepared by them are in every way reliable and most excellent.

MESSRS. FAIRCHILD BROS. & FOSTER, makers of original and reliable preparations of digestive ferments and other valuable therapeutic remedies have an important notice in this number. Complete lists and descriptions will be cheerfully sent to any one applying to them at 82 and 84 Fulton street, New York.

FRELIGH'S TONIC, manufactured by I. O. Woodruff & Co., 88 Maiden Lane, New York, is well deserving a trial. It is a most excellent remedy, a most effective combination, and the elegancy of the formula, the small dose required, and its potency go far to recommend it in that large class of neuroses so common among the brain-workers of this country.

MALTED MILK, among its many advantages, is an antiseptic food, is perfectly soluble in water, needs no cooking, does not require the addition of milk and contains no starch. It has received many and numerous recommendations from active practical workers in the profession.

THE KATHARMON CHEMICAL of St. Louis, Mo., will send you a sample of this new and valuable antiseptic preparation. See its formula and indications for its use in our advertising pages.

NUTROLACTIS.—When this preparation, which is a true galactagogue, is given to nursing mothers whose milk is scanty, although the breasts are entirely dry, it will in the course of two days, or three at farthest so increase the quantity that there will be milk enough to completely nourish a vigorous infant; the quality of the milk will be good, and at the same time the health and strength of the mother will be im-

proved. If the quantity of a mother's milk be inadequate and the quality poor, lacking in nutritive elements, the use of this remedy will quickly and notably improve the quality and maintain the quantity until the end of normal lactation. Physicians are assured that its use is always perfectly harmless.

MESSRS. R. A. ROBINSON & Co., "Manufacturing Chemists and Pharmacists," of Louisville, Ky., have an advertisement in this issue, to which we desire to call especial attention. This house was established in 1842, and has ever maintained and sustained a character of the best. Their business has become of great magnitude, yet they are as scrupulously careful with the smallest order as with the largest. They offer to the profession a series of articles of their own manufacture, which we know from repeated trials to be all they claim. Their Hypophosphites, Wine of Coca, Elixer of Lime Juice and Pepsin, and Phosphoric Elixir, will be found as represented. They invite a trial of their preparations. Try them and you will not be disappointed.

LISTERINE.—We have often had occasion to speak of this very valuable preparation. It comes nearer a perfect antiseptic than ever before offered to the Medical or Dental professions. It is antiseptic, prophylactic, non-toxic, non-irritant, and one of the most reliable and satisfactory surgical dressings we have ever tried. Send for Lambert & Co's. new formula book and try Listerine in any of the morbid conditions for which it is recommended, and you will never regret it. "Lithiated Hydrangea" is also manufactured by Lambert & Co. Formula will be found on first advertising page following reading matter. See advertisement and read it. Try these preparations and you will not be disappointed.

TROMMER EXTRACT OF MALT CO., has an advertisement that will bear a careful reading. They guarantee uniformity of strength and purity of their Extract, and are engaged exclusively in its manufacture, producing one quality only—"the best." The Trommer Company was the first to undertake the manufacture of Malt Extract in America, and the first in any country to employ improved processes in its preparation, with the object of preserving unimpaired ALL the soluble constituents of carefully malted barley of the best quality, including especially the important nitrogenous bodies which possess the power to digest starchy food.

WAYNE'S DIURETIC ELIXIR is highly recommended by Prof. W. F. Glenn, M. D., of Nashville, Tenn., one of the most successful prac

tioners of Genito-Urinary Surgery in the South and West. Read his testimonial in its behalf. He has been practicing this specialty for some years, lecturing on it in the Medical Department University of Tennessee for ten years, and is recognized as an authority. We have accepted his suggestions in many instances in regard to Wayne's Elixir, and have derived therefrom the most satisfactory results.

CAMM'S EMULSION contains 65 per cent. of the purest Norwegian cod-liver oil, with 9 grains hypophosphite of lime, $4\frac{1}{2}$ grains hypophosphite soda, 10 grains lactopeptine, and 5 grains citrate of iron to each fluid ounce. It is a most excellent preparation, as we know from a thorough trial. Manufactured by Messrs. E. A. Craighill & Co., Lynchburg, Va. It is the only preparation that will stand the test of exposure at all times, and all seasons, and in all climates, and yet remain the same reliable, unaltered preparation.

THE MCINTOSH MANUFACTURING Co. make the best, most portable and in every way the most satisfactory battery for physicians' use, containing both the Galvanic and Farradic currents. Their "uterine supporter" is suited to every indication of Uterine Displacements, combining a union of external and internal support, adapted to the varying positions of the body, and is self-adjusting. We have had in weekly use in our office, for more than four years past, one of their eighteen-cell batteries. It is always ready, and has given the utmost satisfaction.

WHEELER'S TISSUE PHOSPHATES, OR COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA, is a nerve food and nutritive tonic, for the treatment of consumption, bronchitis, scrofula, and all forms of nervous debility. The Lactophosphates prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Permatin Sherry Wine and Aromatics in an agreeable cordial, easily assimilable and acceptable to the most irritable stomachs.

HORSFORD'S ACID PHOSPHATE.—Among the numerous forms of Phosphorus in combination, Horsford's Acid Phosphates seems best adapted as a medical remedy, and it has been in use by the medical fraternity of the United States and elsewhere for several years, with the most satisfactory results, in Dyspepsia, Indigestion, Mental and Physical Exhaustion, Insomnia, Nervousness, Diminished Vitality, etc. We have tried it in many instances, and find it to be all that is claimed for it.

SUCCUS ALTERANS.—Messrs. Eli Lilly & Co., Pharmaceutical Chemists of Indianapolis, Ind., call the attention of our readers to McDade's Alterative Preparation. See the claims they make for it. We can guarantee its purity when coming from this house. When we say that McDade's formula was earnestly recommended by Dr. J. Marion Sims, we feel that it would be a work of supererogation on our part to even say that we have tried it and found most satisfactory results from its use. Their Elixir Purgans (Lilly) is a good stimulant for a sluggish liver and does not irritate, and it has a gentle, yet positive, effect on the alimentary canal, and is well suited to the habitual constipation of even women and children.

THE RIO CHEMICAL CO., of St. Louis, advertise a most excellent series of articles. Their "Celerina" is a good nerve tonic and antispasmodic; "Alettris Cordial" is a uterine tonic; "Acid Mannate," a palative and painless purgative; and Kennedy's Extract of *Pinus Canadensis* needs no commendation at our hands. It is recommended by some of the most reliable physicians of the land. By special courtesy we have recently received samples of all their special preparations, and have tried them with the most gratifying results.

FEBRILINE, OR TASTELES SYRUP OF QUININE, as prepared by the Paris Medicine Company, is a most excellent preparation, remarkably adapted to use in the case of children, or those who are nauseated by the usual alkaloids of cinchona, and who are, or have been subjected to malarial influences. Try it once and you will be satisfied with its effects.

THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE are in a more flourishing condition than ever. The largest classes ever in attendance this year. With one of the most suitable buildings for medical teaching, improved clinical advantages, and a corps of active, earnest and hard-working teachers, success is natural. This session they have the clinical advantages of the City Hospital, now under their exclusive control, to which they have added a most excellent clinical amphitheater for the use of the classes.

THE IODIA AND BROMIDIA of Messrs. Battle & Co., 402 Main Street, St. Louis, Mo., are well worthy of trial. Iodia is composed of the active principles obtained from alterative roots in the green state, together with Iodide of Potash, 5 grs., and Phosphate of Iron, 3 grs., to each fluid drachm. Bromidia is one of the best hypnotics we have ever tried. Cocalac and Papine are also excellent preparations.

KALINE COMPOUND PILL, a proprietary preparation, put up and manufactured by Messrs. Handy, White & Co., of this city, is growing in popularity with astonishing rapidity. For clinical results with this preparation, we desire to refer our readers to preceding numbers of this journal, which can be had on application to Messrs. Handy, White & Co., Clark and Market Streets, Nashville, Tenn.

PARKE, DAVIS & Co., of Detroit, Mich., Manufacturing Chemists, with their immense establishment, are enabled to supply all demands for any pharmaceutical preparation. Their wines and Elixirs contain precisely the quantity of medical ingredients which they are said to contain on the label. Likewise they are very palatable, and, in every way, elegant. They need only to be tried to be appreciated. Read what they have to say on last page of our cover in regard to *cascara sagrada*.

FELLOWS' HYPO-PHOS PHITES (Syr. Hopophos: Comp: Fellows:), contains the Essential Elements to the Animal Organization—Potash and Lime; the Oxydizing Agents—Iron and Manganese; the Tonics—Quinine and Strychnine; and the Vitalizing Constituents—Phosphorus, combined in the form of Syrup, with slight alkaline reaction.

THE NEW YORK PHARMACAL ASSOCIATION are still manufacturing their standard preparation of Lactopeptine, which has been tested, and is recommended by many of the leading medical men of America. Professor Atfield considers it a most valuable digesting agent. We have made repeated trials of it, and it has never disappointed us.

H. PLANTEN & SON, 224 William street, New York, manufacture hard and soft capsules, empty and filled, which can be ordered by mail. No further necessity of trouble in regard to nauseous or disagreeable drugs. What a boon they have conferred upon humanity cannot be estimated.

SCOTT'S EMULSION is made from the purest Norwegian Cod Liver Oil, combined with chemically pure Hypophosphites and Glycerine. It can be tolerated longer by children and persons with delicate stomachs than any other Cod Liver Oil preparation, and is prescribed and endorsed by leading physicians in the United States and other countries.

STEPHEN'S SADDLE BAGS AND BUGGY CASES are offered to the profession by Messrs. Geo. K. Hopkins & Co., of St. Louis, Mo.

Their prices are extremely low, and their goods of the best quality. Their Saddle-bags are compact, strong, and entirely water-proof.

DEMOVILLE & Co., Corner Church and Cherry Streets, Nashville, Tenn., in addition to a full line of Drugs and Medicines, keep the best assortment of Surgical Instruments, from the best manufacturers, on hand. Catalogues will be furnished on application.

CINCINNATI SANITARIUM, at College Hill, Ohio, under the charge of Dr. O. Evarts, is one of the best and most excellently conducted private hospitals for the treatment of mental and nervous diseases to be found. Its location is healthy and surroundings delightful.

BELLEVUE HOSPITAL MEDICAL DEPT. needs no commendation at our hands. It has become one of the established institutions of America.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhue, but a hydropancreated preparation, containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases. Lautenbach's researches on the functions of the liver show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus, and purulent matters into the general circulation. Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in results.

PEACOCK'S BROMIDES (Syr: Brom: Comp: Peacock) NERVE SEDATIVE.—This preparation has stood the test of time and experience. When indicated, it has proven entirely trustworthy in the practice of thousands of physicians. Being absolutely uniform in purity and therapeutic power, it can always be relied upon to produce clinical results, which can not possibly be obtained from the use of commercial bromide substitutes.

THE GENUINE JOHANN HOFF'S MALT EXTRACT is imported by Tarrant & Co., New York. It is an unrivaled nutritive tonic in dyspepsia, mal-nutrition and all wasting diseases. Superior to all preparations of malt as an invigorant for weak stomachs, nursing women, and the weakness incident to age, or convalescence.

Messrs. ELI LILY & Co., Pharmaceutical Chemists, of Indianapolis, Ind., and Kansas City, Mo., have sent us a very neat catalogue and price list of their excellent preparations, such as sugar and gelatine coated pills, fluid extracts, and other standard preparations of drugs in daily use by practicing physicians. They will mail a copy to any physician on application. For reference it is well worth a postal card or two-cent stamp.

SYR. ROBORANS of Messrs. Arthur Peter & Co., of Louisville, Ky., is a most excellent combination of the hypophosphites.

SEE Mellier Drug Company's advertisement. It will interest you.

VIBURNUM advertisement needs to be read. Read it. What the proprietors say we endorse it.

DR. WM. H. HAMMOND's address is 1315 Connecticut avenue, Washington, D. C.

SEE advertisement of Crystalline Phosphates. Words with the bark on.

DON'T forget to read the advertisements of the SOUTHERN PRACTITIONER. Remember it does not cost ten cents a number. And also try and remember that the date of expiration of your subscription will always be marked on the mailing wrapper. Please refer to it and act accordingly. One dollar a year is low enough for so much good and valuable reading matter.

A. B. WARD in Scribner's Monthly for January, 1889, has a very interesting article entitled "The Invalid's World," in which he discusses the doctor, nurse and visitor.

CUVIER MEDAL.—The French Academy of Sciences has awarded this medal to Prof. Joseph Leidy, M. D., of Philadelphia.

DR. JOHN ASHHURST, JR., will succeed Dr. Agnew in the Chair of Surgery in the University of Pennsylvania.

THE SOUTHERN PRACTITIONER—only one dollar a year.

SUBSCRIPTIONS are now in order for 1889.

CONTENTS FOR JANUARY, 1889.

ORIGINAL COMMUNICATIONS:—

Address of the President of the Southern Surgical and Gynecological Association, by W. D. Haggard, M. D.	1
Antiseptic Obstetrics, by J. B. W. Nowlin, M. D.	6

SELECTIONS:—

The Use of Pepsin in the Local Treatment of Diphtheria and Membranous Croup	15
Foreign Body in Peritoneal Cavity	18
The Cause of Yellow Fever	20
Yellow Fever	22
Prejudice of the Public Against Calomel	22
Artesian Wells in Memphis	23
A National Patho-Biological Laboratory	24
Sulphonal	25
The Naval Medical Service	26
The Curative Action of Cascarada Sagrada	26
Report on Diseases of Women in the Virginia Medical Society	27
Alcoholism	27
Irregular Menstruation	28
The Dosage of Chloroform	28
Sulphuric Acid for Furuncles	29
Quebracho in Dyspnoea of Phthisis	29

EDITORIALS REVIEWS, ETC.:—

Reviews and Book Notices	29
Annual Meeting of the Southern Surgical and Gynecological Association	35
American Public Health Association	38
Our Eleventh Volume.	43
Editorial Items	44
Our Advertisers	45

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Managing Editor.

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Original Communications.

BACTERIOLOGY.

BY S. P. CRAWFORD, A. M., M. D., OF STOCKTON, CAL.

Bacteriology has lately made its appearance, coming a little in advance of the dictionary.

The eyes of the medical world are now directed to it, seeking an explanation of the phenomena of disease, and have settled upon it as a new starting point in the field of medical investigation.

In my earlier training I was taught to believe that disease was not an *entity* but a *condition*, brought about by some abnormality of our environments; producing abnormal conditions of the vital functions, which conditions constituted disease. The humorists of the Galenical epoch, attributed all diseases to the collection of vicious juices in the body, The explanation of just

how these vicious juices affected the body, was somewhat apocryphal. From "time out of mind" innumerable theories have been afloat on the medical sea without chart or compass. But in recent years, many theorists have caught hold of some well defined facts, and are fast anchoring in the harbor of bacteriology. It is now demonstrated that disease is an absolute *entity*—a thing with legs and claws and teeth, and bites us, and that is what makes us sick. Bacteria, or living germs, are now recognized as the cause, in fact, *the* disease of some of the most formidable plagues that afflict humanity.

Diseases that affect the human system thus have their origin or existence external to it.

The micrococci have their origin in our environments and are taken into the stomach in our food and drink, and from thence find their way through other channels to all parts of the system, and whenever they find a spot favorable to their growth, there they plant colonies and settle down to work. This work is not in the living cells, but in the inter-cellular spaces, in feeding on the tissues of the organism, which give rise to the general disturbances of the system, in which arise those symptoms by which we characterize disease.

As different symptoms arise, these germs or vibriones must be of different varieties, having an affinity or likeness for different parts of the system. No analysis or power of the microscope has been able to detect what they are in our surroundings. They no doubt undergo a metamorphosis in the system, just as the larvæ of the lumbricoides and ascarides do. If we were able to detect the germinal points or larvæ in our surroundings, air, food, or drink, we would still be unable to distinguish between typhoid bacillus and cholera or yellow fever bacilli. As yet we only know that certain diseases are produced by certain living organisms, and these organisms are not very distinguishable in their fully developed state. In their fully developed state in the system they are but the lowest forms of living organisms of which we have any knowledge. Whether these organisms are vegetable or animal in their origin, or both, we are unable to state. A thorough analysis of all the surroundings during the prevalence

of epidemics has, as yet, only given us an idea of the *conditions* under which disease germs are produced. By changing the conditions much may be done to stay disease. These germs may exist, more or less, at all times, and are only developed when certain conditions of the system are favorable to them, or possibly they may have their hibernating periods and are developed periodically. Cholera and yellow fever seem to be of the latter class.

This new field opens an endless, but an exceedingly interesting field of investigation. I firmly believe that those plagues, cholera and yellow fever, that visit us periodically, will be headed off and as much under control, as that most loathsome and dreaded disease, small-pox. As certain conditions of heat and moisture are required in the germinating and growth of vegetables or animals, so the same conditions are required for the production of disease germs. As these germs are of less vitality, having but little resisting force, the reasonable inference is, that a temperature a little above or below the state in which they were produced, would be fatal to their development.

The vital powers of a healthy organization are often sufficient to resist them unless persistent or overwhelming in numbers. It is often the case that individuals in good health escape the first exposure to contagious diseases. But frequent exposures weaken the powers of resistance, and the system yields to disease. Microbes can scarcely invade the system where the powers of life are vigorous.

The question has been asked me a dozen times a day during the prevalence of serious epidemics: "What can I take to protect me from the disease?" My answer invariably was, that "A clean body, clean stomach and a clean conscience, fresh air and sunshine, would give the vital forces a power of resistance that no supposed preventive could."

Good digestion and assimilation increase the secretory and excretory powers of the system, and disease germs if taken into it, unless in overwhelming numbers, are eliminated before they have time to hatch. As it requires a certain period of comparative quiet for incubation, active vitality will disturb and break up that condition.

The vitality of an ordinary state of health is often sufficient to prevent invasion or incubation by its excretory powers. It is only when vitality is weakened, or the bacilli are in excess, that a successful invasion is made. We are just entering a field, the proper cultivation of which, will yield an abundant harvest in the prevention and cure of disease. It being a well established fact that some, at least, of the most formidable diseases have their origin in living organisms. The first step is, to ascertain the exact conditions that produce such organisms. Having ascertained what those conditions are, the next step is, the best method of breaking up and destroying those conditions. And lastly, what will eliminate them from the system, or in other words, to find a germicide that will meet individual cases. I will close this paper by reference to a few well known germicides. As the germs are of different kinds or species, there could hardly be one remedy adapted to the whole. What would kill and eliminate one growth would, perhaps, not be obnoxious to others. Hence, we must have, in the future, as in the past, a great variety of remedies. In the bacillus of malaria our best germicide is quinine. It is more universally used and meets the indications better than any other remedy.

It is possible that turpentine, that has long been recognized as a valuable remedy in typhoid fever, may be owing, not to any supposed healing properties in glandular lesions, but to the obnoxious qualities to the typhoid bacillus. Turpentine has long been in use as a germicide, both externally and internally. Bichloride of mercury has long been recognized as an invaluable germicide, reaching more cases perhaps than any known single article. It not only possesses high toxical powers over living organisms, but its eliminating powers are great, because of its affinity for the glandular system, in increasing not only the secretory, but excretory organs. It is more extensively used in surgery than any other article to prevent pus microbes. For syphilitic bacillus it is a specific as well as a toxical and eliminating agent. For all disinfecting purposes in water closets and cess-pools, it has no superior. Of late I see it recommended in typhoid fever, and I see no reason on theoretical grounds, why it should not prove valuable.

Mercury, in some of its forms has long been used by me in the treatment of diphtheria. I precede all treatment by small doses of the mild chloride, followed by quinine and chlorate of potash.

I seldom have any trouble unless the disease has invaded the larynx and trachea. The combined germicidal powers of the three articles meet the indication in diphtheria bacillus. Mercury, chlorine and sulphur stand at the head of the list as germicides, and as we have these in the articles mentioned, we have, what has proved to be, in my hands, the most valuable remedies for diphtheria. For the cholera and yellow fever bacilli, mercury is, without doubt, a valuable remedy. But, the most powerful of all agents to kill germs in our environments and break up the conditions that produce them is heat. Expel all dampness from rooms by heat, and let in fresh dry air, and sunshine. Water, even at a high temperature, will not kill or destroy all germs, but will wash them simply, from one breeding place to another. But heat that so attenuates the moisture of the atmosphere that dew cannot be squeezed out of it, is fatal to germs, for they cannot live or breed without moisture. The best purifier of towns and cities is fire. Burn all the garbage and filth, instead of throwing them into sewers and cesspools where they generate foul gases and become the breeding places of every abomination.

Sewers, as generally constructed, are nothing but the hibernating and breeding places of epidemics. They carry the filth out of sight, it is true, but tenfold worse than filth re-enters our dwellings in disease germs, through the gases emanating from sewers. To throw filth into sewers, or wash it off into running streams, is suicidal and homicidal. Our most successful warfare against the invasion of disease, is waged with torch in hand. Have some unquenchable fire outside of the city to consume all garbage and filth. In a valley near Jerusalem, all the offal of the city was thrown, and fires were kept burning day and night to consume it, to prevent pestilence, and we read of no epidemics there.

THE CONTROL OF MEDICINE BY LAW.

BY DEERING J. ROBERTS, M. D., NASHVILLE, TENN.

"Law, that shocks Equity, is Reason's Murder."

Old Play.

About this time, as the almanacs would say, in Tennessee, laws to regulate the practice of medicine are likely to "come up," the Legislature being in session. Yes, there are a few members of the medical profession in the State, of ability, good standing, and earnest purpose, who, honestly mistaken, crying for what they know not of, seeking "figs from thorns and grapes from thistles," are willing to degrade the noblest of professions by asking that it be protected by Legislative enactment. With these are associated two other classes of human beings—not worthy the name of Doctor: the one who is unable to sustain himself by his own merits, his own experience, his own efforts and his own abilities, is asking that he may be assisted, his competition limited, and his standing elevated by the State Legislature; the other, a mere parasite, a barnacle, who claims the elevated and honorable title of Doctor, but who is steering too close to the cesspools of quackery to be entitled to it, endeavoring to hide the ass beneath the lion's skin, is open-mouthed in his brayings for "Protection to medicine"—loud in his shibboleth of "down with the quack," knowing that as he is now claiming to be a Doctor, for so reads his sign, that no laws can exclude him by reason of the unconstitutionality of *ex post facto* laws, is indeed anxious that all other quacks who come after may not come in competition with him, and that he by Legislative enactment may be placed on that elevated plane occupied by some of the best citizens of the State, who have by honest effort and arduous labor won their way to eminence and renown by reason of their attainments in medicine. These two classes are easily distinguished—the one by his ignorance, the other by his brazen impudence, his

infallible cures, his nefarious methods and his protestation of attainments.

Who wants this protection? Ask any physician who is clamorous for such enactments. He will at once say, "The people want it." "Do the doctors want it?" "Yes." "For themselves?" "No, for the people." "Have the people ever asked for it?" Ah! there is the rub. While our legislators, both at home and since their arrival at the Capital, have had many importunings in behalf of their constituents and by their constituents, "my head to a beggarly denier," there are not ten members—no, not five—of the present Legislature who have been approached on this subject by any citizen of the State, unless he was directly or indirectly connected with a doctor; either a doctor, or "his cousins, or his uncles, or his aunts."

Has this question ever been discussed during the canvass by the people or before the people? Has any legislator, before or since his election, been approached in any way in regard to legislative protection for medicine by any one other than a doctor? And yet the people want it!

Ah, well! you say; this question belongs to the doctors. Yes, indeed it does, and there let it stay. Any doctor needing more protection by law than is accorded any other citizen of the State is not worthy the name. Any doctor who is not able to protect himself from the quack, the charlatan, the ignorant or the inexperienced—well, wrap him up gently in the finest of linen, and lay him away softly on downiest of pillows, away up on a high shelf, far out of harm's way. Whenever the people need anything they are very apt to ask for it—aye, and get it too.

Did Benjamin Dudley or Ephraim McDowell, of Kentucky, or the elder Deaderick, of Knoxville, ever ask for such a thing? What said the illustrious Daniel Drake? Fifty-seven years ago he wrote: "More than half the States of the Union have laws to regulate the practice of medicine; but I am by no means convinced that they have ever done any real good to the profession or society. New York and Ohio have such laws. Virginia and Kentucky none. It remains to be shown that the profession in the two former is more respectable than in the latter. I am dis-

posed to believe it is not." And this from one of the greatest and most original thinkers who ever honored medicine in the entire Southwest.

How about the "Sage of Swallow Barn?" The talented, the gifted Bowling. He who instructed more men in medicine than any one of his day. How well do I remember his eloquent tones as he thundered forth in behalf of "FREE MEDICINE, free from Church and State, free from LAW and RELIGION; above mend-ers, tinkers, and legislators, claiming the right to be let alone, to be left under God to itself, to which end praying to be delivered from its friends and defying its enemies." To the day of his death, and I was with him on that day, he was ever in favor of Free Medicine, as of *Free Religion*, the grandest heritage of this great government.

The American Medical Association, in 1869, adopted a series of resolutions, of which the following is a preamble:

"WHEREAS, The history of legislation in the various States of this Union clearly shows that no reliance can be placed on either the uniformity or permanency of any laws relating to the practice of medicine."

I regret that I have not space for the entire resolutions.

In 1872, Dr. David W. Yandell, Louisville's great surgeon, in his address as President of the American Medical Association, in considering this subject from a national standpoint, stated that: "The profession does not appear to my mind 'corrupt and degenerate.' I do not believe 'it is going from bad to worse,' and that the people will have to rise in their might and stay its downward progress. I cannot see the thing in this light at all, and so am not ready to appeal to Federal legislation to correct our evils." * * * * *

In 1874, Dr. James M. Toner, then and now one of the ablest physicians of Washington, in an address as President of the same national organization, said: "The hope entertained by some physicians of excluding irregular and incompetent practitioners from the profession by legislative enactment and penalties is, I apprehend, in our country, not to be realized."

Dr. H. B. Hemmenway, of Michigan, in an address before his

Medical and Surgical Association, published in the Journal of the American Medical Association, October 13, 1884, p. 421, says:

"Here are the entire results of *regulation* summed up in a nutshell. By regulation according to "legal enactment" you will only injure, clog and trammel the honorable members of a most honorable profession. You cannot aid or assist them. They need no assistance from legislative enactment, nor does any true, honorable and deserving physician, thoroughly imbued with the inherent principles of his profession and an ardent love for the same. They need no law, and no statutes other than those made for their brethren of the pulpit, the bar, the bench, or mercantile and mechanical pursuits. They stand above the law professionally, and need not its assistance."

I might multiply quotations from men all over the land who were ever recognized as leaders and teachers in medicine. Buchanan, the Winstons, Watson, in their day never asked for such legislation. Consulting the published Transactions of the American Medical Association, the representative medical organization of the United States, from the day of its first meeting in 1846, to the present time, will evince to any one that this subject has been well and carefully considered; effort after effort has been made, and yet national legislation has not been accomplished. The people through their representatives have said that they did not want it. Shall we not abide by their decision, that State authority and control is not needed?

For fifty-three years our own State Medical Society was amply satisfied with Free Medicine, quite confident that the good people and the doctors of the Volunteer State were well able to take care of themselves, and were willing to let the people choose their own medical advisers, independent of the trammels or shackles of the law.

At the meeting of the State Society in Memphis three years ago, by a very close vote, a committee was appointed to "lobby" with the General Assembly of 1887 in behalf of a bill to regulate the practice of medicine. Well, they did n't get it. At the last meeting of the Society at Knoxville, the smallest for many

years, a new committee was formed, among its members will be found some with the pin-feathers sticking out, and they are or will be on hand to "lobby" with the present General Assembly.

I can readily see how you can bring medicine down by legislation, but pardon the obscurity of my vision when I say that I can see no way of raising it up by the same means. I can see how legislation can force me to stand on the same plane with the itinerant pile doctor, and his partner, who, with his hypodermic syringe, promises an infallible cure on the "no cure no pay" system. I can see how honorable, regular medicine can be pulled down to the level of the irregular, the nostrum-vender and the charlatan. If medicine is to rise, there is ample power within her own domain. If medicine is to be elevated to medical men alone must be entrusted the lever. If medicine is to be regulated, in its own ranks can we find the power.

If these gentlemen who have been appointed to urge upon the present Legislature a bill to protect the people, desire to do any good, let them work—aye, urge, well and earnestly; and God grant that our Representatives and Senators may listen to them, in behalf of our State Board of Health. Let its hands be strengthened, its abilities to do good increased by wise, judicious legislation and a liberal and adequate appropriation. A liberal appropriation for the State Board at all times, and an extraordinary appropriation, to be expended by it in times of epidemic visitation, when deemed necessary, and so ordered by the Governor of the State, the Secretary of State, the Comptroller and Treasurer. Here is a work the people can appreciate. Here is a work commenced by the State Medical Society, the grandest work in its history. Let these medical lobbyists and their friends also work earnestly and well to secure the passage of a good vital statistics law—a law of paramount importance to every preacher, lawyer, farmer, merchant, mechanic, doctor, saint, sinner and citizen of the State—white or black, male or female, old or young. Why, even the government of seedy, feeble, impoverished and misgoverned Spain has just adopted a most excellent vital statistics law. Cannot our legislators be convinced of the beneficent results that will accrue to our live and progressive people thereby? Yes, gentlemen,

here is work far more appropriate, of far greater beneficence than trying to elevate yourselves by pulling at your boot-straps.

What right has the State—aye, the law—to prescribe from whom I shall take a pill or potion. Shall not my mother-in-law, or my old granny who nursed me in infancy and spanked me in childhood, apply a cranberry poultice to my erysipelas, balm of Gilead salve to my cuts and bruises, or hot mush to my boil, if I choose? Why, you had as well prescribe what I shall eat, and what I shall wear, what I shall drink or in what room or corner of a room in my own house I shall sleep.

You tell me that the regulations of the U. S. Army and Navy do prescribe the character and quality of clothing the soldiers and sailors shall wear. Yes, and require the medical officers to pass a satisfactory examination, oral and written, before boards of examiners appointed by the Government. There is reason in this. Our soldiers and sailors are often placed in positions and in localities where they have no option. In wilds of the west, on foreign shores and waters, and as the Government has to supply them with medicines and medical advice, it is but right and proper that it shall be of the highest possible grade. But a soldier or sailor is not a free agent. He surrenders his liberty for the time for which he enlists; but as free men, in a free country, with freedom of speech, freedom of religion and freedom of the press, the citizens of this State, and of every State, have a right to **FREE MEDICINE** untrameled by the shackles of the law.

The advocates of the "protection idea" argue that other States have such regulations. *Cui bono?* We grant this, but have not seen much good come out of them, and defy any one to demonstrate satisfactorily that any good whatever has resulted. Let us take first the State of Illinois, where for ten years past have been in existence perhaps the most exacting laws of any State. Its greatest city has not only acquired the ugly cognomen of a city of anarchists, but is also designated a city of *abortionists* as well. God save any city of our grand old commonwealth from ever having such a taint upon its honor, and that of its medical men, as now attaches to the great metropolitan windy city on the

shores of Lake Michigan, by reason of criminal abortion produced by medical men protected by law.

Look at Alabama, a Southern city on our southern border. There, too, has for some years been what is called a strong, an excellent law in behalf of this mistaken theory. To briefly summarize, no one can practice medicine in that State now without passing an examination before a county board of medical examiners—any county board will do. In Lowndes County the board is composed of well qualified men and the examination is rigid, so also in Jefferson and a few other counties. But in many counties in the State, with a sparse and poor population, the doctors are not so well qualified—in fact, but few if any of them could pass the examination required in some of the other more favored counties. Well, Dr. Nincompoop, with but a smattering of medical lore, or Mr. Itinerant Pile-Driver, who is generally shrewd and sharp, will either steer clear of Lowndes County, or if he fails before the Lowndes County board, will hie away to some obscure county in the State where will be found an examining board of equal mental calibre and medical attainments of Dr. N., and far below the shrewdness and audacity of Dr. I. P.-D. The examination is passed—the certificate duly signed, sealed and delivered, and Dr. N. or Dr. I. P.-D. returns at once to Lowndes County, or even the Magic City, and by virtue of State authority, in accordance with law, is placed on a level with the ablest medical men of that locality. But I am told that he cannot maintain that level. Grant you. Nor can he in Tennessee at this good day—nor could he in Alabama, even though its statute books had never been burdened with legislative enactments to protect medicine. This last is a fact that I have known for some years, and was reiterated to me only a few days ago by a gentleman who graduated in medicine in this city four years ago, practiced successfully one year in Sumner County, then went to Alabama, passing his examination before the crack board of Lowndes County. “Pshaw!” said he. “Protection does not protect.”

Should a law be passed by this or any succeeding Legislature, one of its clauses of exemption must be “all who are now en-

gaged in the practice of medicine or surgery in the State," etc., etc. Yes, to begin with, you legalize every one now engaged in the practice of medicine or surgery, qualification or no qualification; every abortionist, every negro-path, Indian-path, root-doctor, yarb-doctor, corn-doctor, nostrum-vender, and his entire band of fiddlers, dancers and negro-minstrels, banjo, bones and all, not leaving out saintly Doctor Itinerant or Stationary Pile-Driver. "You see," said the inimitable Bailie Peyton, away back yonder just before the 40's, "Martin Van Buren sits like a sap-sucker on Gen. Jackson's back, and we can't knock him off without hurting the General." Well, that reminds me:—

"Mother, may I go out to swim?

Yes, my darling daughter;

Hang your clothes on a hickory limb,

But don't go near the water."

MEDICAL LEGISLATION.

BY J. W. DAVIS, M. D., OF SMYRNA, TENN.

We want no law regulating the practice of medicine in Tennessee. Our doctors and our people have a law unto themselves, a law of pride, of self-respect, of honor; a law whereby one will respect the feelings of another.

Nothing can come between an honorable and faithful physician and his patrons. They have been taught from childhood to revere and defend the good name and fame of the good old doctor, who has stood by the dying couch of father, mother, brother and sister, and the old man loves his people with an earnestness next to his love for his own family. We certainly want no law to govern the class of people and doctors spoken of above, and they embrace the great majority of our population. O! but the quacks! Well, in a practice of near forty years I have never been injured by a quack; have come in contact with not more than two or three, and they were harmless so far as I was concerned. Well, but didn't they injure the people? Not to my knowledge; but if they did the people have the *inalienable right*

to be *injured, if they so choose*. Well, what about patent medicines? Some of them are good medicines, and while a regular doctor never prescribes a secret remedy, the people have the broad democratic right to buy and sell what they please. Our great American doctrine of State rights and personal freedom must not be interfered with so long as it does not interfere with the general good.

I always feel ashamed for a doctor when I hear him asking for a law to protect himself from the quacks and from patent medicines.

TRAUMATIC TETANUS CURED BY 100 GRAIN DOSES OF QUINIA SULPH.

BY W. W. PUGH, M. D., OF AUGUSTA, TEXAS.

I was called to see Chas. B——, December 17th and found him suffering with tetanic spasms which was caused from a splinter he stuck in his thumb some three or four days previous. Having read a notice of some doctor advocating large doses of quinine, I at once administered one hundred grains of the sulphate of quinine with Norwood's tincture, gtts. six, and in twenty-five minutes he was sleeping and rested well for three hours. I repeated the dose in eight hours, then every eight hours afterwards, reducing the dose twenty grains. The convulsions left him entirely in twenty-four hours, and on the sixth day he was up and rode to my office to see me. The quinine must act on the vaso-motor nerves as a nerve sedative, otherwise I am at a loss as to how it acts to produce a cure in this trouble.

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

DR. J. A. S. GRANT BEY, Cairo, Egypt, has been invited to become a Fellow of Science, Letters and Art of London, by the President of the Society, and has accepted.

Selections.

PHTHISIS; NEW SUGGESTIONS.—According to the Berlin correspondent of the *British Medical Journal* for October 27, 1888, Dr. Halter has recently studied the conditions alluding to the immunity from pulmonary consumption of workmen employed in lime-kilns, and offers some suggestions for the treatment of that disease. Dr. Halter says that he has been struck by the fact that in a country district which otherwise showed a large number of deaths from consumption, the workers in lime-kilns had without exception been exempt from phthisis during fifteen years. The fine chalk-dust which they inhale is, according to him, of as little importance as the dry soil on which they live. The essential thing is the hot, dry air which they constantly breathe. The temperature in which they work is from 50° to 60° C. (122° to 156° F.) The relative moisture of the air never exceeds more than fifty per cent., so that the air there is similar to that of places most famous for their climate, such as Davos, Denver, San Remo, Cairo. A study of the geographical distribution of disease clearly shows that a region in which the air is dry is, other things being equal, less liable to breed consumption than one where the air is damp. It is at least impossible to explain in any other way why phthisis occurs more frequently in the Alps, high up in the cloudy region (eleven hundred to fifteen hundred metres) than either above or below that level. The physiological explanation of this fact is found in the fact that processes of decay are little favored by dry air; the excessive secretion in the air-passages is dried up, putrid secretion thickened, calcification of tubercles promoted, tendency to pyæmia and miliary tuberculosis diminished. Of equal importance is the heating of the air. This is the case, first, because it is free from organisms, which are destroyed by the heat of the kiln; secondly, if air is heated it

becomes more rarified ; one must, therefore, breathe more deeply and more quickly in order to get a sufficient quantity of oxygen, thus promoting a more perfect aeration of the lungs. The most favorable temperature for tubercle bacilli is between 37° and 38° C. (98.6° to 100.4° F.); they die at 41° C. (105.08° F.) Halter, therefore, thinks that a high temperature of the inspired air might warm the air in the lungs sufficiently to prevent the growth of the bacilli in them. He found by calculation and experiment that inhalation of hot, dry air of 120° to 180° C. (248° to 356° F.) raised the temperature of expired air to about 43° C. (109.04° F.)—that is, to a degree of temperature in which tubercle bacilli perish. The air which workmen in lime-kilns inhale is not so warm, but before they have got acclimatized to the atmosphere in which they work, the temperature of their expired breath rises considerably above the normal, and after acclimatization has taken place, pulse, respiration, perspiration, and metabolism are greatly increased, thus an imitation of what occurs in hectic fever takes place—heat, perspiration, etc.; and Halter thinks fever the most efficacious means of destroying pathogenic organisms and their products within the body. He recommends, therefore, as preventives of tuberculosis of the air-passages and the lungs, the Roman hot-air bath and inhalations of dry air of from 50° to 100° C. (122° to 212° F.) by means of an apparatus which he has devised.

Dr. Weigert, of Berlin, is disputing with Dr. Halter the priority of this suggestion. The dispute is still further complicated by a publication in which Dr. E. Krull, of Gústrow, states that for more than two years he has made similar experiments, although he made them with damp air. The temperature of the inhaled air was, in Krull's experiments, not higher than 50° C. (122° F.), and yet the temperature of the expired air was not less than 107.6° F., a degree of heat which is fatal to the tubercle bacillus. His results were satisfactory, principally in cases of incipient phthisis.—*Therapeutic Gazette*.

BENZINE AS A SURGICAL TOILET ARTICLE.—If each of my surgical friends, who has not already done so, will provide himself with a pint bottle of benzine and gasoline, he can find fre-

quent occasion for its profitable use. Every housewife knows that it is excellent to take out grease of any kind from clothing or furniture. It will also remove dry blood-stains. It is very efficient in cleansing instruments which have been oiled, and can be beneficially poured through the clogged joints of scissors and forceps of various sorts. Nothing will more quickly clean hands gummed up from the use of adhesive plaster—either lead or rubber; and this last, if inactive from age and exposure, may be wonderfully rejuvenated by moistening (not rubbing) its surface with benzine.

But there are other fields of usefulness for this cheap and common article, not so generally known. Every one who treats accident cases, particularly hand injuries, knows that in a large proportion of his patients the wound, or the skin around it, or both, are saturated with grease of some sort. Possibly the man works about machinery, and greasy-handed is his normal condition; possibly he is a practical believer in the healing properties of "black oil;" or he may have been unfortunate enough to fall into the hands of some medical man who still, in spite of facts as plain as the nose on his face, has an abiding and an aggravating faith in the salves and ointment of our forefathers. However the grease may have come, it is there, and must be gotten rid of, else it is nonsense to talk about getting the wound into a condition at all approaching asepsis. Water will not touch it, and the parts are too tender to endure friction, which besides cannot reach the deeper portions of the wound; nothing but a fluid can do it. We can get it anywhere, and can use as much as we like. After wiping off superfluous blood hold the part over a bowl or basin, at a respectful distance from fire, and pour the benzine over it, or put enough in a small bowl or cup to cover the wound or adjacent skin. Benzine is not an irritant, and probably has no mean antiseptic power, being chemically nearly the same as carbolic acid. If the grease is very thick or is mixed with blood or pus, its removal may be hastened by the use of a wad of cotton saturated with benzine. After the grease is thoroughly removed in this manner, a solution of corrosive sublimate will take hold readily. I have followed this practice in all kinds of wounds, with no unpleasant results.—*Indiana Med. Journal.*

CASCARA SAGRADA IN RHEUMATISM.—Rheumatism is, *par excellence*, the disease to which the mind has been said to revert when it is said that the affection over against which is set the greatest number of "sure cures" is the one which is the least amenable to treatment. We believe, however, that this aspersion, together with the twin heresy, perpetuated from the days of Abernethy, or some of the other back numbers, that "six weeks" is the best remedy for rheumatism, has become well nigh obsolete, in the light of our advanced pathology and therapeutics. For any one now-a-days, to aver that we have no remedy in the materia medica for rheumatism, would be for him to declare himself a mossback. But occasionally the case will present in which salicylic acid and its salts, iodide of potassium, black cohosh, etc., fail. What seems to be demanded in such cases is an effective eliminant, and it is probably because of this property that cascara sagrada has recently come into such prominence as a remedy in this affection. Certainly the somewhat empirical tests which are being made of the efficacy of the drug, are resulting in the accumulation of some very flattering testimony to its value. The standing of the practitioners who have made these tests is a sufficient answer to any charge that may be made of the "booming of the new remedy." We are not aware that any explanation of the *modus operandi* of this new therapeutic action of cascara sagrada has as yet been attempted, such articles on the subject as have come under our notice consisting of the pure statement of facts. We know, however, that this drug has a very decided influence over the eliminative functions, and it is but reasonable to look for the secret of its efficacy in rheumatism in this direction. A writer in the *British Medical Journal* has found that a combination of the drug with the salicylates is especially efficacious. The salicylates act by the antidotal property of the salicyluric acid which they form in the blood. The desirability of an eliminant in conjunction with this action is apparent, and cascara sagrada is, probably, beneficial as it is through this property.

Enough has already appeared in connection with the drug to warrant the most conservative in giving it a trial, and more par-

ticularly since its value as an adjuvant to other remedies is so pronounced. We should be pleased to receive reports of the results of its use in the hands of our readers.—*Medical Age*.

HOW TO TREAT THOSE WHO ARE OVERCOME WITH GAS.—Several suggestions were made by different speakers at the recent meeting of the American Gas Light Association at Toronto. The most practical were those quoted on the authority of a prominent physician, *Scientific American*, December 8, 1888:

1. Take the man at once into fresh air. *Don't* crowd around him.
2. Keep him on his back. *Don't* raise his head, nor turn him on his side.
3. Loosen his clothing at his neck and waist.
4. Give a little brandy and water—not more than four tablespoonfuls of brandy in all. Give the ammonia mixture (one part aromatic ammonia to sixteen parts water) in small quantities, at short intervals—a teaspoonful every two or three minutes.
5. Slap the face and chest with the wet end of a towel.
6. Apply warmth and friction if the body or limbs are cold.
7. If the breathing is feeble or irregular, artificial respiration should be used, and kept up until there is no doubt that it can no longer be of use.
8. Administer oxygen.—*College and Clinical Record*.

TWELVE GOOD THINGS TO KNOW.—1. That milk which is turned or changed may be sweetened and rendered fit for use again by stirring in a little soda.

2. That salt will curdle new milk, hence in preparing milk porridge, gravies, etc., the salt should not be added until the dish is prepared.

3. That fresh meat, after beginning to sour, will sweeten if placed out of doors in the cool of night.

4. That clear boiling water will remove tea stains and many fruit stains. Pour the water through the stain and thus prevent it spreading through the fabric.

5. That ripe tomatoes will remove ink and other stains from white cloth; also from the hands.

6. That a tablespoonful of turpentine boiled with white clothes will aid in the whitening process.

7. That boiled starch is much improved by the addition of a little sperm salt, or gum arabic dissolved.

8. That beeswax and salt will make rusty flat-irons as clean and smooth as glass. Tie a lump of wax in a rag and keep it for that purpose. When the irons are hot rub them first with the wax rag, then scour with a paper or cloth sprinkled with salt.

9. That blue ointment and kerosene mixed in equal proportions, and applied to the bedsteads, is as unfailing a bedbug remedy as a coat of whitewash is for the walls of a log house.

10. That kerosene will soften boots or shoes that have been hardened by water, and render them as pliable as new.

11. That kerosene will make tin tea-kettles as bright as new. Saturate a woolen rag and rub with it. It will also remove stains from varnished furniture.

12. That cool rain-water and soda will remove machine grease from washable fabrics.—*San. News.*

DIRECT APPLICATION OF COPAIBA IN GONORRHOEA.—Having read some time ago a short article by Dr. I. H. Stearns, of Mansfield, Mass., on the abortive treatment of gonorrhœa, in which he advised the direct application of copaiba balsam. I decided to act upon his suggestion. Hence the first case that presented itself to me was subjected to that treatment. It was a young man who, six days previously, had been exposed to contagion. On the evening before I saw him he had noticed slight burning on urinating, and the next morning the burning had increased, and a thin, yellowish discharge had appeared. On examination, I found the meatus reddened. I smeared a No. 23 steel bougie with balsam of copaiba, and introduced it down as far as the membranous portion of the urethra, and allowed it to remain for six or eight minutes. At noon of the same day he noticed that the scalding, on making water, had diminished, and on the following morning there was no trace of a discharge. The second morning I again introduced the balsam-smeared bougie. A third application was made on the fourth day, although he considered himself cured. Four or five weeks after he called on me about

another matter, and assured me that no symptom of gonorrhœa had appeared since.

I have tried the above plan of treatment since in eight cases of gonorrhœa in the first stage, and in all but one obtained like results. The exceptional case was that of a young man who insisted upon drinking large quantities of beer and having intercourse with his mistress on the second night after beginning treatment.

In gleet I have obtained no beneficial results at all. This I attributed to the fact that in the majority of cases a gleet is kept up by a stricture. When the stricture is cured the gleet disappears; all other treatment is but palliative. It seems but natural that copaiba would manifest its curative properties to more advantage when applied directly than when compelled to travel through the system first; for when taken by the stomach, the volatile oil passes off by the lungs, while the copaivic acid is excreted by the kidneys. There is usually a slight burning sensation experienced immediately after the passage of the bougie, but this passes off in a few minutes. Of course the ordinary restrictions in eating and drinking must be observed.—*M. Rively, M. D., in Medical Register, December 29, 1888.*

THE CHOICE OF ANÆSTHETICS.—Under the title "The Dawn of reason in England" the *Anælectio* quotes as follows from the London *Lancet*:

"How deeply men's minds are interested in the question, 'Which is the safest anæsthetic?' has been amply shown by the prolonged correspondence which has followed our leading article dealing with the subject. We regret that pressure upon our space has prevented a wider discussion. At least two most opposed views are held by those who regard chloroform as a safe—nay, the safest—anæsthetic: holders of the one view contend that the less instructed the chloroformist is, the better for the patient, provided he neglect the pulse, and, watching the respiration, drags the tongue forward with artery forceps if any sign of respiratory trouble occurs; those who favor the other view, which

has been advanced most recently by Mr. Foy, of Dublin, assert that a large percentage of chloroform deaths are due to maladroit chloroformization. But, as we pointed out, the danger of chloroform lies in the fact that a little carelessness on the part of the administrator will lead to fatal results. Ether, when administered by itself, has many disadvantages; but disadvantages are preferable to dangers, and so it seems desirable that it should oust chloroform as a routine anæsthetic, the latter agent being reserved for special individuals. When it is admitted, as we are glad to see it is, even by the strongest advocates of chloroform, that the utmost care is needed in its administration, our main contention is supported—viz., that were any casualty to occur under its influence, it would become the duty of the coroner to inquire whether due care had been exercised in the choice of the best anæsthetic for that individual case, and whether proper care had been taken in the administration of the anæsthetic selected. It is not, of course, germane to the question to contend that many coroners' juries are incompetent to settle such weighty questions. Their inefficiency is equally likely to be shown in the conduct of an inquest upon any case of poisoning."

A BIBLICAL ARGUMENT AGAINST ANÆTHESIA during parturition made by a pompous priest in France, was recently answered by another, made by a woman who had "been there"—which the priest had not, at least in that way. A lady very much perturbed in mind concerning the ordeal through which she was destined soon to pass, addressed a letter to Msgr. Hugues Le Roux, asking whether she had the right (spiritual) to allow herself to be anæsthetized during partrurition. His answer was "You have not the right to place in peril your own life and that of the child to be born of you, simply to avoid the pangs of parturition. If a physician worthy of confidence is willing to accept these risks, act according to the dictates of your faith and your scruples. Remember the text: 'I will multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children.' Child bearing is a moral act as well as a physical phenomenon.

The griefs of soul consequent upon maternity do not cease with the birth of the child, and for them medicine will never find a remedy." This being published in *Le Temps*, of which M. Hugues Le Roux is the *chronicleur spirituel*, the lady above alluded to writes a reply, which if not so full of piety is loaded with wit and good sense. "Now," says she, "do you want *my* opinion? You are mighty glib with your biblical verses which condemn us poor creatures to bear the pangs of child bearing without seeking for relief. There was but one man ever confined, and he but once in his life—and he was put to sleep! Re-open your scriptures, I pray you, and you will there find that when Adam was about to be delivered of Eve, God himself executed the operation and placed our ancestor in a deep sleep as a preliminary." Since the Bible is to be appealed to in matters of this sort it is exceedingly fortunate that it can be quoted on both sides of almost any question.—*Cin. Lancet-Clinic*.

A PLEA FOR INDIGESTIBLE FOOD.—Sir William Roberts, we believe, is responsible for saying that one function of alcohol in digestion was to slow the process so that food would not be too quickly absorbed. In a recent issue of the *Dietetic Gazette* Dr. Sara E. Port advances the ingenious theory that digestibility is not the sole, or even the best, test of food in making up a diet. Easily digestible food taken in considerable amounts floods the blood and tissues with excrementitious matter. The excess of peptones taken in a meal appears in the urine within an hour (Voit), and evidently can have done little benefit to the economy. Dr. Port cites the case of a patient who travelled extensively, and who always became hungry before noon on an ordinary breakfast of chops or steak. So that when setting out on a journey she depended on ham, hard-boiled eggs and other food usually considered indigestible.

The writer adds: "The laboring man acts upon a similar plan. In spite of recommendations in regard to soft-boiled eggs, broiled steaks, farinaceous puddings and rare roasts, the workingman prefers and demands what he calls hearty food. This means usually hard-boiled eggs; fried steak—the harder and crisper the

better ; beef roasts, well-boiled ham ; corned beef ; pork ; baked beans, not too well done ; potatoes with a core ; suet puddings, and pies."

One might detect an admirable serio-economic arrangement on the part of Providence in the poor man's dietary as thus described. Hearty food is cheaper, and, as it seems, it is also better for him. The attempt to eliminate the frying-pan and introduce high art into cookery is really, therefore, a subtile assault upon the health and happiness of the working-classes.

Dr. Port writes : " The body is an engine for which the stomach is the coal-box. He would be a bad fireman who would empty his coal-box into his furnace all at one time. He would get up a rousing fire undoubtedly, but if he had to wait six hours before replenishing his coal-box his engine would probably come to a stand-still on the road. The wise fireman puts in a little coal at a time and replenishes often. If one has six hours between meals, and continuous effort to provide for, it would be poor policy to put into the stomach food which would digest completely in two hours' time. The laboring man will never consent to such a reform. His present diet is suited to his needs. Even the frying process cannot be logically objected to."

The author concludes :

1. Digestibility is not a complete test of food-value.
2. Proteids are of the most value when limited in quantity and of the less easily digested forms.
3. Limitation of proteid food is particularly indicated in Bright's disease.
4. The sphygmograph furnishes important evidence in the pre-albuminuric stage of this condition.

Finally, " predigested foods " and " easily digested foods " should be reserved for cases in which the digestion is in fault. The value of such foods in the management of the pathological conditions of the digestive tract is beyond question.—*Med. Record.*

HYPODERMIC MEDICATIONS.—The following precautions are worth remembering : Solutions of the alkaloids soon decompose and should therefore be freshly prepared. The smallest size of

each tabloid given is the one generally preferred. The dose, hypodermically, is always less (the proportion varies) than by the stomach. Great care should be taken not to throw a medication into a vein, and so produce a sudden, overwhelming effect. Fatal collapse might ensue from injecting air into a vein. Absorption of an injection over the temple or chest is twice as rapid as elsewhere. The prick of the hypodermic needle in the chest has been followed by instant death. Syncope may follow an injection, if the patient do not remain quiet and lying down. For safety and freedom from pain, an injection should be made in the outside of the arms or thighs, or on the abdomen or back. Injections should not be made over bony prominences, or into inflamed or tense tissues. Mercury, ergot, etc., are best injected into the muscles, as in the nates. It is not usually considered safe to repeat an injection (as of morphine) for twenty or thirty minutes. —*Hospital Gazette.*

THE FOOD WE EAT has much to do with our characters and with our work. A large part of the ugliness, crossness and cussedness we see every day may very properly be traced to improper food, unskillfully cooked, and the dyspepsia resulting therefrom.

If the public-spirited female busy-bodies eager for suffrage and the elevation (?) of woman above and beyond herself would concentrate their abilities in the direction of bettering the home and bill of fare within it the growing good of the world would be advanced. Apropos to this thought Dr. E. A. Wood in a recent address on dietetics says:

"Food and drinks, feeding and drinking, would seem to exert a wonderful influence over the habits of thought, the customs and manners of races of men, and their diseases also. By searching we might find that the egotism, conservatism and tenaciousness of the Englishman are as much the results of his beef and ale as is his gout; that the sparkling bonhomme of the Frenchman comes from his dainty cuisine and bubbling champagne, as does also his mercurial disposition and his passionate life; that

the macaroni and fortified wines bestow song and art on the Italian, as does beer and sauerkraut stamp solidity and patriotism on the German. America, ever able to give the world a lesson, contributes rush and dyspepsia as the product of hog and whisky."—*St. Louis Weekly Med. Review.*

SWEATING FEET AND HANDS.—Dr. Unna (*Monatsh für prakt. Derm.*, vol. vi., No. 15) recommends the treatment of cold sweating feet with hot foot baths, which should be taken at night with some stimulating substance such as spirit of camphor, mustard or vinegar, thereupon drying the hands and feet and rubbing with a stimulating ointment, for example, ichthyol and turpentine, of each five parts; zinc ointment, ten parts. In the morning, after washing, they should be rubbed with cold water and exercise taken, the cold rubbing being continued until a condition of hyperæmia and warmth is produced. The stockings are to be powdered with starch powder, mixed with a little mustard. In the treatment of warm sweating hands and feet he recommends ichthyol, but without the warm water at night and the cold water in the morning. In the evening he recommends lukewarm water and rubbing with a simple ichthyol ointment (ichthyol, aqua aa, 5.0; lanolin, 20.0). In the morning washing with lukewarm water and ichthyol soap, rubbing off the lather with a dry towel so that some remains on the hands and feet.—*Med. Recorder.*

SUCCESSFUL GASTROSTOMY.—At the meeting of the Southern Surgical and Gynæcological Association, held at Birmingham, Ala., Dec. 4, 5 and 6, Dr. W. B. Rogers, of Memphis, Tenn., reported a successful case of gastrostomy, which he had performed for the relief of a patient with cicatricial stricture of the œsophagus. The patient, a white man, 24 years of age, swallowed a solution of concentrated lye one year before the operation. The contraction was situated seven and a half inches from the incisor teeth. The opening was so small that repeated examinations failed to pass it with the smallest urethral bougies.

The patient's flesh and strength were rapidly failing from starvation.

Operation, June 29, 1888. Fenger's incision was made; the stomach was held in the abdominal wound by means of hare-lip pins, and stitched to the abdomen with silk. Every aseptic precaution was taken, and the patient recovered without any serious symptoms. On the tenth day the gastric opening was made, and fifteen weeks later the patient was in excellent health, with flesh and strength fully restored; ability to swallow solid food had gradually returned, and though the opening was not being used, it gave no trouble, the edges having fully cicatrized.—*Phila. Med. and Surg. Reporter*.

A MEDICAL CURIOSITY. (HELMINTHOLOGY, ED. S. P.)—"Memorabilien" cites the following case from *Aerztliche Mittheilungen aus Baden*: A farm laborer and criminal, thirty-two years of age, who up to the time of the occurrence had always been in good health, after confinement for nine months began to pass large pieces of tape-worm. The usual treatment produced after four hours an enormous convolution of tape-worms in which a whole row of heads was plainly visible. Careful examination revealed the presence of not fewer than twenty-five well marked examples of *Tænia solium* in different stages of development, and all with the heads attached. Inquiry revealed that the patient had for years been in the habit of eating as much as half a pound of raw pork daily, which was sufficient explanation of the origin of the trouble. It seemed strange, however, that the bearer of this brood of tape-worms had not only shown no symptoms of their presence, but for the nine months of his confinement had grown fat on the prison fare.—*N. Y. Med. Jour.*

BROMIDIA.—Dr. Esguive, Colonization physician to the Paris-Lyons-Mediterranean Railway, Bon-Medja, France, March 28, 1887, says:

"I tried Bromidia (Battle) on two cases of insomnia, which I

had already treated for some time, with a mixture of equal parts of bromide of potassium and chloral. I noticed that hypnotic results were produced with much smaller doses of Bromidia than of the mixture of bromide and chloral. In a large number of cases it is important not to push too far the quantity of bromide of potassium. On this account I believe Bromidia is destined to be of real value, particularly in insomnia of cardiac origin, and I deem it vastly superior to the simple mixture of bromide of potassium and chloral."

NEW METHOD OF TREATING INDOLENT ULCERS.—Spaeth (*Viertelj. für Derm. und Syph.*, 1888, Heft 4, p. 620) remarks that the chief cause of the defective healing process in indolent ulcers lies in the insufficiency of the blood supply in their borders, which are usually composed of thick, callous, connective tissue. The same conditions rule when the basis of the ulcer is a fascia. In such cases paring the edge of the ulcer as well as transplantation is useless. The method he proposes consists in incising the basis of the ulcer to reach the sound tissue, so that the incised wounds are widely opened. An abundant granulation tissue forms, which rapidly leads to healing.—*Medical Recorder*.

BICHLORIDE OF MERCURY AS A PREVENTIVE FOR CHOLERA.—During his recent residence in Tonquin, M. A. Yvert successfully employed this preparation for the cure of cholera in doses varying from 0.02 to 0.04 grain in twenty-four hours. Of forty-five patients so treated nine only succumbed, or about 20 per 100, the normal rate in that region as in Europe being 66 per 100. It was also administered to convalescents in districts where the epidemic had again broken out and had already made one victim. None of those who took this preventive medicine were attacked.—*Scientific American*.

SALT IN MILK FOR CHILDREN.—Dr. A. Jacobi (*Arch. of Ped.*) says that the addition of sodium chloride prevents the solid coagulation of milk by either rennet or gastric juice. The cow's milk ought never to be given without table salt, and the

Spurious "Acid Phosphate."

OFFICE OF DR. MORRIS H. HENRY, 581 Fifth Ave., New York.

October 27, 1888.

Mr. N. D. ARNOLD, Rumford Chemical Works, Providence, R. I.

My Dear Sir:—I am very glad indeed to see that you have issued a caution to Physicians who prescribe "Acid Phosphate." The notice is timely. Within a few months I have seen cases where spurious preparations were (unwittingly) used without benefit. My own experience in the administration of your preparation dates back to 1870. I think I was one of the first to call especial attention to its great value as a beverage at meals, to assist digestion, to avoid dyspepsia, relieve nervousness, and as an aid to induce sleep. I have had no reason to change my views. My additional years of experience have confirmed my first impressions. I am, my dear sir, faithfully yours,
(Signed) MORRIS H. HENRY.

To Mr. N. D. ARNOLD.

November 8, 1888.

My Dear Sir:—In answer to your favor of yesterday, I have no objection to your publishing my recent letter to you, for I sincerely believe that the only way in which spurious articles can be driven from the market, is by the widest publication of endorsements of genuine preparations, from those who are privileged by education and honest experience to speak authoritatively on therapeutic agents offered to the profession and the public.

Believe me, my dear sir, faithfully yours,

(Signed) MORRIS H. HENRY.

The "Genuine" has the name "Horsford's," printed on the label.

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Providence, R. I.

IMPORTANT REDUCTION IN PRICES OF THE Fairchild Digestive Tablets.

These special preparations of the Digestive Ferments have been from the outset favorably received by practitioners and patients.

During the past years they have been in constantly growing demand, and it is with much satisfaction that we now announce that, owing to their extensive use, we are able to offer these preparations at prices which render them freely available.

The Fairchild Digestive Tablets are now placed in the hands of dispensing pharmacists at an average reduction of twenty-five per cent. on the entire list of these preparations.

The special value of these Tablets lies in their convenience, accuracy and agreeability of dosage. They are dispensed in small vials, which may be conveniently carried in the pocket, and are thus available at such intervals prior to or during the progress of digestion as may seem best to the prescriber.

By this means, pepsine, for instance, may be exhibited in small doses at frequent intervals after the ingestion of food—a rational method of reinforcing the peptic digestion.

The pancreatic ferments may be thus given before meals, or after the gastric activity has diminished and thus the best results may be, upon accepted physiological grounds, reasonably anticipated in the treatment of intestinal indigestion.

Both peptic and pancreatic tablets are made in such combinations as are found most serviceable and profitable by practitioners.

Pepsine and Bismuth may be especially referred to as being a perfectly compatible preparation; as in this combination we have sub-nitrate of bismuth which is not open to the objections made against ammonia-citrate, the salt of bismuth resorted to in liquid preparations of "pepsine and bismuth."

The Compound Pancreatic Tablets are well thought of in the treatment of intestinal indigestion, being especially devised for this purpose—containing 2 grains of Pancreatic Extract, 3 grains Squibb's bismuth sub-nitrate and 1-10 grain powdered Ipecac in each Tablet.

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latter ought to be added to woman's milk when it behaves like cow's milk in regard to solid curdling and consequent indigestibility. Habitual constipation of children is influenced beneficially, since not only is the food made more digestible, but the alimentary secretions, both serous and glandular, are made more effective by its presence.—*Buffalo Med. and Surg. Jour.*

ON SOME PECULIAR EFFECTS OF CIRCUMCISION.—(*Deutsche Med. Zeit.* October 8, 1888, *Revue Méd. de la Suisse Romaine.*) Professor Reverdin was forcibly impressed by a brochure of an American colleague who claimed that circumcision was indicated in bed-wetting, and that it often relieves patients of coxalgia. After trying it he gives his experience. A boy nine years old, and well developed, complained for several weeks of severe pain in the right hip, and walked lame. On examination in the upright position nothing abnormal was found; when he walked the mobility of the affected limb was diminished. If force was used in moving the leg severe pains were felt and the muscles were strongly contracted. The pains radiated through the iliac fossa, the upper part of the thigh, and the inside of the arms. Measurement gave no definite results. The case seemed to be one of beginning hip-joint disease. R. ordered rest and extension. In spite of this treatment, for half a year, there was no improvement, there was no swelling or sign of suppuration, no difference in measurement, but the same functional disturbance and severe pain. At the last examination the great length and narrowness of the prepuce was noticed, although the patient had never had any symptoms referable to that, nevertheless circumcision was performed and all the above-mentioned symptoms disappeared as if "before the wand of a magician."

Another case was still more strange and inexplicable. A young man became morose, melancholy, apathetic, and showed a decided suicidal tendency. His disposition changed completely and satisfactorily after circumcision. Reverdin does not pretend to explain the causal connection between the psychical change and the operation, although he says there was nothing in the patient's external relations to bring about the result. Fleury

published similar cases of the cure of hysteria and hypochondria by circumcision. In the practice of Professor J. L. Reverdin, his cousin, were the notes of two cases when epileptic convulsions were permanently cured by the removal of a long, narrow prepuce.—*American Practitioner and News*.

THE LESSENING OF SHOCK.—Dr. D. W. Cheever (*Medical Record*) makes the following suggestions for diminishing the effects of shock :

1. Wait for reaction.
2. Never neglect to calm those suffering mental shock by a cheerful word and personal presence.
3. Give alcohol, either spirits or wine, a quarter of an hour before the anæsthetic.
4. Make the anæsthesia short; never begin it until everything is ready; suspend it during the less painful dressings. Consciousness returns *tardily*. We keep up the anæsthetic longer than is necessary.

5. As rapid an operation as can be prudently done.

6. As short a dressing as is practicable.

7. As a cardinal point, avoid *chilling* the patient.

To promote reaction after the operation :

1. Persistent and *carefully* applied *dry* heat. (Be *overo*careful about accidental burns).

2. Liquid nourishment, combined with a stimulant and a little laudanum, by enema.

3. Subcutaneous injection of brandy.

4. Aromatic spirits of ammonia by the mouth. Champagne is sometime retained when other things are rejected.

5. Black coffee and brandy, the stimulant *par excellence*, when it can be retained on the stomach.

6. Quiet; a horizontal, or more than horizontal, position; assurance that all is over and doing well.—*Cin. Lancet-Clinic*.

HOSPITAL TRAIN.—While in Paris, in July, 1897, I was invited to examine a hospital train belonging to the Paris, Lyons and Mediterranean Railway. The train was originally built for

the purpose of transporting wounded soldiers, but at the time we made the examination it was used for the purpose of transporting sick and injured employes, and sick passengers. The train is a hospital on wheels, with every comfort that can possibly be had in any of our best hospitals. We will not endeavor to give a description of the train, only to say that comfortable beds are provided in the form of stretchers, so that the injured can be placed on the stretcher and at once removed to the car and placed in a comfortable position without removing him from the bed. A good operating table is provided, and a small dispensary, including all medicines, with surgical dressings and appliances, and a sufficient supply of surgical instruments are furnished. Also arrangements for cooking, with a supply of provisions necessary for the sick, are constantly to be found on this train or coach. We believe that every railway company should have at each superintendent's headquarters such a coach, provided with the necessary arrangements for taking care of the injured, and the transporting of the sick. We have several times called the attention of the officers of railroad companies to the importance of a hospital coach or train, and we trust that some company may adopt something of this kind in the future.—*Journal of National Association of Railroad Surgeons.*

HYDRIODIC ACID.—ITS USES IN GENERAL PRACTICE.—Dr. W. C. Wile, of Connecticut, believes that the advantages which this remedy possesses over other forms of iodine are not sufficiently understood, nor as thoroughly appreciated as they should be. It is his favorite remedy in all asthmatic troubles, which generally yield promptly and effectually to it. It also produces most excellent results in cases of chronic bronchitis of long standing, and in such he has often observed that small doses, frequently repeated, are often of signal service, when larger doses do not seem to accomplish the same results. It has yielded very satisfactory and often surprising results in all forms of chronic lead poisoning, combined with saline cathartics and the faradic current. Excellent effects have also been obtained from its use in scrofulous diseases, especially of children. He is now using it

in a case of obesity with the result of a steady diminution of the amount of fat without a single disagreeable symptom, or interference with the general health, or the action of any of the functions of the body. It has yielded its most magnificent and rapid results in all the latest stages and manifestations of syphilis. The general plan of administration is to begin with small doses of Gardiner's syrup, fifteen drops, and gradually increase each dose by a drop until the point of toleration is reached.—*New Eng. Med. Monthly*, August, 1888.

THE SIGNS OF DEATH.—Dr. Richardson enumerates the proofs of deaths as—1, respiratory failure; 2, cardiac failure; 3, reduction of temperature of the body far below the natural standard; 4, rigor mortis and muscular collapse; 5, coagulation of blood in the veins; 6, presence of putrefactive decomposition; 7, absence of red color in semi-transparent parts with strong light; 8, absence of muscular contraction upon electrical stimulus; 9, absence of red blotch under skin after injection of morphia; 10, absence of signs of rust of needle after plunging into tissues. The practical applications of the tests is recommended in the following order: 1, apply a fillet to the wrist and examine the veins at the back of the hand, the front part of the wrist being so arranged that the arteries are not compressed; if life be not extinct, turgescence of the veins will be apparent; 2, open a vein at the bend of the elbow and seek for stringy coagula; 3, apply the electric test; 4, inject ammonia hypodermatically; 5, examine transparent tissues with a strong light; 6, if any doubt still remain, and rigor mortis has not developed, let the body be kept in a damp room, at 84° F. This would favor decomposition if the body were dead, or favor recomposition if still alive.—*Polyclinic*.

PROSTATIC ENLARGEMENT.—Importance is to be attached to a new operation for the relief of this condition, devised by Dr. Hunter McGuire, of Richmond. The operation is similar to suprapubic cystotomy for stone. The only difference is that he made the opening into the bladder as low down on its anterior wall as possible, and left the opening in the skin at the upper

end of the incision. A drainage tube was kept in for a short time. The result was that the patient passed his urine through the artificial urethra thus formed. The artificial urethra did not leak, nor did the urine dribble away, no matter what the position of the man's body was. The urine was retained for several hours, often from four to six, and then passed in a strong stream thrown several feet from the body, the last coming in jets as from a natural outlet. The improvement in the patient upon whom he had done this operation had been wonderful. The artificial urethra or fistula had the same relation to the bladder that the spout of a coffee pot has to the pot.—*Maritime Med. News.*

The treatment of rickets should be by food rather than by drugs. Raw meat is of more value than iron, and cream or fresh milk than cod-liver oil. The diet must be carefully examined to see that it contains a due proportion of fat, proteids and salts. A sufficiently close estimate is easily made, since the composition of milk and of all foods used for children is accurately known. The amount of animal fat in a rickety child's food must equal at least one-fourth of the total solids taken; proteids and carbohydrates about one-third, and salts about one-tenth. Such a diet will cure rickets without drugs. Iron is often a useful adjunct. The salts of lime may be added in the form of lactophosphate. Potent aids are sunlight, fresh air and warm clothing.—*Lancet.*

NIGHT SWEATS.—Few practitioners appreciate the exceedingly great value of agaricin as a remedy in night sweats, especially those of phthisis. The most profuse sweat is checked almost by magic, with a single dose. It operates by diminishing thirst and increasing the secretion of the urine. The dose may be pushed to the extent of one grain in the course of twenty-four hours. The single dose for an adult is from one-eighth to one-fourth of a grain.—*Boston Technics.*

WORLDLY WISDOM.—Professor Carpentier, Paris, gives the following advice to physicians as to the most prudent answer to be given when they are asked what they think the sex of the

child is going to be. "Reply by asking the mother what sex she would prefer in the child, and then give it as your opinion that the opposite sex is the one to be looked for." In this way if the sex turns out to be the one prognosticated you will be thought to be a wonderful man, while if it proves to be the one the mother has wished for, she will be so pleased that she will easily overlook your error.—*Maritime Med. News.*

ANTIPYRIN IN LARYNGISMUS STRIDULUS.—In the *Lancet* for November 17, 1888, Mr. Montagu Perceval states that he has recently treated twenty-four cases of laryngismus with antipyrin, administering two grains every hour. In these cases, with one exception, the paroxysms were arrested; the case where this did not occur, increasing the dose to five grains also served to relieve the dyspnoea. Mr. Perceval, however, states that he likewise has used this remedy successfully in cases where an emetic dose of ipecac had failed.—*Cin. Lancet-Clinic.*

ALCOHOL AS AN ANTISEPTIC.—Dr. Albert G. Craig, of Vevay, Ind., writes to the *Indiana Medical Journal* as follows:

"Physicians generally have discarded the use of alcohol as an external antiseptic, but I believe it is preferable to corrosive sublimate, carbolic acid or anything else. I generally use as a wash a mixture of one part of alcohol to two of water. After an amputation or other operation apply cloths wet in the diluted alcohol, and never permit them to become dry. Any physician who will adopt this treatment will have no cause for regretting it."

SULPHUR FOR ITCH.—Simple sulphur ointment will not of itself destroy the itch insect, as is commonly supposed; on the contrary, they have been shown to live in it for days. But, on the addition of a little carbonate of potash, sulphurated potash is formed, which speedily annihilates them. A lotion of sulphur with lime is very effectual and cleanly; an ounce of quicklime and five of sublimed sulphur in a pint of water, boiled down to one-half.—*Indiana Medical Journal.*

JUVENILE SMOKING.—Owing to the increase of juvenile smoking in this country, the Society Against the Use of Tobacco has taken steps to obtain a law to prevent children from smok-

ing. It founds its arguments on a series of observations which have recently been made. Of thirty-eight young smokers, aged from nine to fifteen years, it was found that twenty-seven experienced a certain degree of malaise, and twelve, seriously affected, had contracted the germs of grave maladies.—*Med. Record.*

For burns, a writer in *Centralblatt. für Therap.* suggests the following application :

R. Olei olivæ.....	p. vj	
Salol.....	p. j	
Aquæ calcis.....	p. vj.	M.

PEPSIN IN SURGERY.—Douglass (*Medical Record*) has used locally with success pepsin as a digestant to remove the slough and membranous base of ulcers. He has always found it of service in the removal of cicatricial tissue. It causes solution of the cellular elements of the tissues. He applies it in the form of scales, or in an ointment with lanolin.—*The Polyclinic.*

ANTIPYRINE IN HÆMORRHOIDAL ULCERS.—J. Schreiber (*Therap. Monatsk.; Memorabil*) reports a case of obstinate hæmorrhoidal ulceration in which the itching was promptly stopped and healing soon produced by insufflations of finely powdered antipyrine.—*N. Y. Medical Journal.*

Reviews and Book Notices

A PRACTICAL TREATISE ON HEADACHE, NEURALGIA, SLEEP AND ITS DERANGEMENTS, AND SPINAL IRRITATION. BY J. LEONARD CORNING, M. A., M. D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society, etc.; author of a Treatise on "Hysteria and Epilepsy," "Local Anæsthesia," "Brain Exhaustion, with some Preliminary Considerations on Cerebral Dynamics," "Carotid Compression," "Brain Rest, being a Disquisition on the Curative Properties of Prolonged Sleep," etc., etc. In one large Octavo volume, nearly 300 pages. Price, \$2.75. Uniform in style with Medical Classics. E. B. Treat, Publisher, 771 Broadway, New York.

In this volume the author has undertaken the difficult task of explaining the nature and treatment of those pains about the

head, which constitute such a fruitful source of misery. Dr. Corning is eminently qualified for the work, and has long been known to the profession as a brilliant and indefatigable laborer in the cause of practical neurology. To rare powers of perception Dr. Corning unites, in an eminent degree, the faculty of imparting knowledge in an entertaining manner. His style is at once lucid and forcible, not the least of his charms being the power to awaken thought as well as to impart information.

The present treatise on "Headache and Neuralgia" is replete with suggestion and useful matter, and no thoughtful physician can fail to derive both inspiration and practical assistance from its perusal.

A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES, including Diagnosis, Prognosis and Treatment, by ROBT. W. TAYLOR, A. M., M. D., Surgeon to Charity Hospital, New York, and to the Department of Venereal and Skin Diseases of the New York Hospital; late President of the American Dermatological Association. Illustrated with 192 figures, many of them life-size, on fifty-eight beautifully colored plates. Also many large and carefully executed engravings through the text. Part III., Venereal Diseases. Part IV., Diseases of the Skin. Lea Brothers & Co., Philadelphia, 1888.

We had occasion some months ago to call the attention of our readers to this magnificent atlas. From an examination of Parts III. and IV., we feel that we cannot speak of it in too complimentary terms. The excellent life-like, and instructive plates, the clear, lucid and explanatory text, make it the grandest and in every way the most satisfactory work for studying the multifarious features of venereal and cutaneous diseases.

The plates in Part III., comprise Rupial Syphilide of Arm, Neck and Face, Ulcerating Tubercular Syphilide in form of Zona; Gummous Syphilides; Non-ulcerative Tubercular Syphilides; Serpiginous Tubercular Syphilides; Pigmentary Syphilide and Precocious Ulcerating Tubercular Syphilide and Hereditary Syphilis and Syphilides.

In Part IV., Diseases of the Skin we have eight magnificent plates illustrating almost, if not quite as clearly as the living subject, the following: Erythema Multiform; Eczema; Eczema Rubrum et Impetiginodes and Eczema Rubrum; Acne;

Psoriasis; Psoriasis of Arm, and Psoriasis of Hand; and Tinea Favosa.

We regret that we have not space in this number to give a more full and comprehensive description of this valuable addition to medical literature. We have no hesitation in saying that it is the best work on venereal and skin diseases that has yet been placed before the medical profession—valuable particularly in a diagnostic point of view, and the already acquired reputation of its distinguished author, his opportunities for observation, his reputation as a teacher and an authority, leave nothing to be desired in therapeutical or pathological consideration. Any one who will procure this atlas, may well feel that he has a rich mine from which to draw valuable and instructive clinical ideas. The mechanical execution of the work is most excellent and handsome, and well worthy the imprint of the old, reliable and well established house of Lea Brothers & Co.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS, WITH NOTES ON TREATMENT. Compiled from the Published Writings or Unpublished Records of Drs. Fordyce Barker, Roberts Bartholow, Samuel D. Gross, Austin Flint, Alonzo Clark, Alfred L. Loomis, F. J. Bumstead, T. G. Thomas, H. C. Wood, Wm. Goodell, A. Jacobi, J. M. Fothergill, N. S. Davis, J. Marion-Sims, Wm. H. Byford, L. A. Duhring, E. O. Janeway, J. M. Da Costa, J. Solis Cohen, Meredith Clymer, J. Lewis Smith, W. H. Thompson, C. E. Brown-Sequard, M. A. Pallen, Geo. H. Fox, W. A. Hammond, E. C. Spitzka, etc., etc., by B. W. PALMER, A. M., M. D. New, Enlarged and Revised Edition, with Blank Pages interleaved in its Several Departments for Registering Formulæ worth Preserving. In one large Octavo volume. 256 pages. Handsomely bound, \$2.75. E. B. Treat, Publisher, 771 Broadway, New York.

This volume comprises a very excellent collection of practical formulæ and will prove of no little benefit and utility to those who may make use of it. The prescriptions are arranged in classes according to the diseases of regions, viscera, etc. A number of blank pages are left for jotting down, from time to time, such additional formulæ as may have proven reliable and satisfactory.

"Hello, Moses, wot's the matter wid ye?" "Indigestion."
 "How's dat?" "Hain't had nothing to digest lately."—*Exr.*

THE MODERN TREATMENT OF DISEASES OF THE KIDNEY, by PROF. DUJARDIN-BEAUMETZ, Member of the Academy of Medicine, and of the Council of Hygiene and Salubrity of the Seine; Editor of the *Bulletin General de Therapeutique*, Paris, France. Translated from the fifth French edition by E. P. HURD, M. D., Newburyport, Mass. (Physicians' Leisure Library Series) 12 mo. Geo. S. Davis, Publisher, Detroit, Mich., 1888. Price—paper, 25 cents; cloth, 50 cents.

This little treatise represents the latest advices in renal pathology and therapeutics from so able an observer as Prof. Dujardin-Beaumetz. It comprises five excellently prepared chapters on the following subjects, viz.: I. The Kidney from a Therapeutic Standpoint; II. Diuretics; III. Treatment of Urinary Lithiasis; IV. Treatment of the Complications of Lithiasis; V. Treatment of the Nephritis. A carefully compiled index completing the little volume.

Editorial.

ARE QUADRUPEDS SUBJECT TO THE HÆMORRHOIDAL DISEASE?

In an interesting investigation of the above inquiry by Wm. Bodenhamer, A. M., M. D., in the *New York Medical Journal*, of January 12th, which he answers unequivocally in the negative, he concludes as follows:

"The writer will now conclude by remarking that if it is true that the erect position of man is the only predisposing cause why he is subject to hæmorrhoids, and why quadrupeds in consequence of their prone position are not, it affords a strong argument in favor of the Darwinian theory that we were originally quadrupeds—that the position of our bodies was prone, not upright as now. In view of this predisposing cause, it would appear, then, that hæmorrhoids are alone the heritage of man in his present *exalted* posture."

Dr. Bodenhamer is partly right in his pathological consideration of hæmorrhoids, but he has hardly gone far enough, and has left out a very important etiological factor. Quadrupeds and even Indians who according to Prof. Van Buren, who is quoted by Dr. Bodenhamer'

and who has stated in his "Lectures upon Diseases of the Rectum," p. 12, 8vo., New York, 1881, are free from this morbid condition. The quotation is as follows:

"I do not remember ever having seen an Indian with 'piles,' although in early life I saw something of their ailments; and there is no analogous disease in quadrupeds where the trunk of the body is prone and not upright in position. In view of this 'predisposing cause,' therefore, the disease would seem to be an appanage of civilized humanity"

There is a reason beyond that given by Dr. Bodenhamer, why quadrupeds and Indians alike differ from civilized man in this immunity from the need of the hand of the cultured specialist, or the hypodermic syringe of the travelling quack. They are both observant of an important law of nature, as imperative in its demands as filling the stomach, viz.: emptying the rectum, whenever and wherever occasion requires. While they satisfy their appetites with a more simple dietary than civilized man, living upon a less but sufficient variety of foods, less stimulating in character and less irritating to the entire alimentary mucus membrane, as above stated, whenever or wherever the call of nature is made to "unload," the call is promptly and implicitly obeyed. With the habits of their brothers of civilization, with the laws and customs of civilized society, with the apparently imperative demands of business or pleasure, he time and again puts off for the morrow what should be done to-day.

As the contents of the alimentary canal approach nearer and nearer its terminus, they become less and less fluid, until the sigmoid flexure is reached, when the fecal mass is permitted for a while to accumulate, with the gradual distention of this part of the colon, and with the descent of more on top of this mass the call of nature is made—if obeyed, all is well. But how often is it, that immersion in business, devotion to pleasure, an important engagement, in fact, any thing and many things cause this call to be neglected.

What is the result? This accumulation presses upon, obstructs and bruises the hæmorrhoidal vessels, arteries, capillaries and veins, together with the delicate mucus investment covering them, for hours. Eventually, more or less of the accumulation, by retro-peristalsis is returned to the sigmoid flexure. There is no longer a demand for evacuation, until at a subsequent hour, perhaps the next day, the accumulation being increased by another twenty four hours ingesta, again descends, but drier, harder than before, and the injury to

blood vessel and mucus membrane is repeated. This goes on from day to day, until the injury becomes an insult, and the sensitive nerves themselves become sullen, sluggish and indifferent, and the habit of constipation, the rule of civilized life is formed.

Is it any wonder then, that hæmorrhoids constitute so great an amount of suffering in civilization.

Prof. William Goodell, in his magnificent and instructive "Lessons on Gynecology" gave no more important and valuable information than in Lesson xxxviii., p. 552, third edition, Philadelphia, 1887. These six and a half pages devoted to "*The relation which faulty closet accommodations bear to the diseases of women*" are worthy of being written in indellible characters on imperishable tablets and placed in the hands of every mother or possible mother in the land, until both themselves and man in his coarser nature, have recognized that it is as important to regularly and promptly evacuate the rectum as it is to fill the stomach. If it were not that his work was so familiar to so large a number of our readers, we would feel quite justified in quoting the entire lesson. But our space forbids. In conclusion, whenever we find a case of hæmorrhoids, can we not attribute it to the jamming, crushing, bruising, obstructing the vascular mucous membrane of the lower part of the rectum, by a mass of dry, hard and weighty fecal matter retained for hours in this part of the alimentary canal of the most "upright" and civilized man or women?

OBITUARY: Jordan W. Lambert, President of the Lambert Pharmacal Co., after an illness of about one month, died at his residence in St. Louis, Mo., January 6, 1889, from nervous prostration, induced by overwork and too intense application to his business. He was born in Alexandria, Va., in 1852, a graduate of Randolph-Macon College, Class of 1871. In 1873, he married Miss Winn, of Richmond, Va., and the same year moved to St. Louis. In 1881, he established the Lambert Pharmacal Co., now so well known throughout the medical profession by reason of its Listerine and other proprietary preparations.

A more courteous, genial gentlemen, one more energetic and self-sacrificing in his devotion to his business and his friends we have never known. His loss will be greatly regretted by his large circle of friends, his relatives and a host of medical men throughout the United States, who knew him only to esteem him. He leaves a wife and five children to mourn his untimely loss.

WEST TENNESSEE ASYLUM FOR INSANE.—We received an agreeable call from Dr. J. B. Jones, Superintendent of this institution, now in process of construction near Bolivar, Tenn. He informs us that the building is progressing rapidly and satisfactorily, and that he hopes to have it ready for the reception of patients by or before July 1, provided the necessary "ways and means" are provided by the Legislature now in session. It is earnestly to be hoped that our legislators will make the necessary appropriation for this much needed State charity. The hospital at Nashville is still greatly overcrowded, and the completion of the West Tennessee Asylum will greatly relieve it. Our readers in both Middle and West Tennessee will do well to give an occasional jog to the memory of their Representatives in its behalf. With the completion and equipment of this institution, our State will be comparatively well, if not adequately provided with means to care for a most unfortunate, but much deserving class of our citizens.

CIGARETTE SMOKING by the juvenile portion of our population is a subject well worthy the consideration of our Representatives and Senators now assembled at the State Capital. We do not propose to enter into a diatribe against the use or abuse of tobacco, yet the harmfulness of the cigarette in all cases, but more especially in that of boys of ten, twelve or sixteen years of age is unquestioned. Would it not be well for our legislature to pass an act making it a misdemeanor, punishable by sufficient fine to prevent, the selling or giving of cigarettes to all youths of the State under the age of eighteen, unless by written permission of the parent or guardian? Boys at or below this age are not aware of the injury to their future welfare, the parent or guardian can not always be there to prevent, and we cannot but think that the coming citizens will be benefited if protected from this small vice by legislative enactment, until at least, they reach years of discretion.

MESSRS. J. B. LIPPINCOTT & COMPANY announce to the profession the publication of a Cyclopædia of the Diseases of Children, medical and surgical, by American, British and Canadian authors, edited by John M. Keating, M. D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians, and as this is the only work of the kind that has been published in English, it will be invaluable as a text-book and work of reference for the busy practitioner.

MESSRS. ELI LILLY & COMPANY, of Indianapolis, have issued a work entitled "Hand-Book of Pharmacy and Therapeutics." The aim, as stated in the introduction, is to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this work full of suggestions. It will be sent free to any physician, druggist or medical student, by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this journal.

MEDICATED FOOD is a most excellent remedy for habitual constipation, prepared by Messrs. Jno. D. Park & Sons, Cincinnati, O. It is composed of cooked wheat, ground and combined with the active principles of laxative drugs. We have given it a trial and find it everything that is claimed for it. It is not unpleasant to take and is unusually successful in relieving the habit of constipation. It can be procured from the manufacturers, 175, 177 and 179 Sycamore street, Cincinnati, O., Messrs. Jno. G. Greener & Co., of this city and other druggists.

WE have used *Lactopeptine* somewhat extensively in our practice and cordially commend it in those conditions of the stomach and intestine, in which the disturbance is due to a deficiency of the principles which this compound contains. It will be found serviceable in the treatment of Summer Complaint — indigestion — which will shortly afflict the infants.—*Michigan Medical News, Detroit, Michigan.*

PLANTEN'S CAPSULES.—Don't neglect to read the advertisement of these most excellent vehicles for the administration of nauseous or disagreeable medicines. Planten & Son, manufacture not only the well known empty capsules, but also filled capsules, containing wittergreen, apiol, sandalwood, terebene, creosote, malefern, eucalyptol, etc., etc. These capsules are undoubtedly the best on the market.

NEAR THE L. ROAD.—There can be no pleasanter place to stop in New York than the well known Sturtevant House, 29th and Broadway, New York. It is centrally located and is conducted on both the American and European plans at moderate prices.—*Times Democrat.*

I HAVE used Tongaline in the treatment of Neuralgias and forms of Rheumatism and Rheumatic Gout since 1883 and cannot speak in too high terms of its efficacy. P. R. Thombs, M. D., Superintendent Colorado State Insane Asylum, Pueblo, Colo.

PAINLESS CATHARTIC.—L. L. Gray, M. D., Central City, Mo., says: As a cathartic, I find acid mannate especially adapted to the treatment of children, being, in the first place, pleasant to the taste. It is well borne by the stomach, and its action is as certain as it is painless. In short, it is as indispensable as a cathartic as quinine is for malaria.

VIBURNUM COMPOUND.—Send to the New York Pharmaceutical Company, Bedford Springs, Mass. for 80-page illustrative hand-book, free, containing formula, and much valuable information in regard to this preparation. It contains no narcotics, no poisons, and is safe, prompt and agreeable in its action in female disorders.

I PRESCRIBE Succus Alterans almost daily. This is, I believe, the best proof I can give of my opinion of its merits in the treatment of those cases requiring alteratives and tonics. It is undoubtedly a pharmacological remedy of great merit, well worthy of the prominence it has taken. M. L. Amick, M. D., Cincinnati, O.

I HAVE used Peacock's Bromides in cases of nervousness with great success. In every case I have prescribed it there was marked improvement in the patient. I regard it as a valuable medicine, and one that will continue to be used by the profession wherever tried. H. M. Lanier, M. D., Columbus, Miss.

THE DETROIT FREE PRESS says: In going to New York to stay a day, a week or month, you want moderate prices and central location. The Sturtevant House, Broadway corner 29th, is all that can be desired and nearly 2000 cars pass its doors daily.

OBSTETRICS AND GYNÆCOLOGY.—WANTED: Text books, journals and transactions on the above subjects. Will give other medical literature in exchange. Address, Dr. E. S. McKee, 57 W. Seventh street, Cincinnati, O.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

OUR READERS will please note the date of expiration of subscription on the wrapper of this journal, and govern themselves accordingly.

CONTENTS FOR FEBRUARY, 1889.

ORIGINAL COMMUNICATIONS:—

Bacteriology, by S. P. Crawford, A. M., M. D.	53
The Control of Medicine by Law, by Deering J. Roberts, M.D.	58
Medical Legislation, by J. W. Davis, M. D.	65
Traumatic Tetanus Cured by 100 Grain Doses of Quinia Sulph, by W. W. Pugh, M. D.	66

SELECTIONS:—

Phthisis; New Suggestions.	67
Benzine as a Surgical Toilet Article	68
Cascara Sagrada in Rheumatism	70
How to Treat Those Who Are Overcome With Gas	71
Twelve Good Things to Know.	71
Direct Application of Copaiba in Gonorrhoea.	72
The Choice of Anæsthetics	73
A Biblical Argument Against Anæsthesia.	74
A Plea for Indigestible Food.	75
Hypodermic Medications	76
The Food We Eat	77
Sweating Feet and Hands	78
Successful Gastrostomy	78
A Medical Curiosity	79
Bromidia.	79
New Method of Treating Indolent Ulcers	80
Bichloride of Mercury as a Preventive for Cholera	80
Salt in Milk for Children	80
On Some Peculiar Effects of Circumcision	81
The Lessening of Shock.	82
Hospital Train	82
Hydriodic Acid	83
The Signs of Death.	84
Prostatic Enlargement.	84
The Treatment of Rickets.	85
Night Sweats	85
Worldly Wisdom.	85
Antipyrin in Laryngismus Stridulus	86
Alcohol as an Antiseptic.	86
Sulphur for Itch	86
Juvenile Smoking.	86
Pepsin in Surgery.	87
Antipyrin in Hæmorrhoidal Ulcers	87

EDITORIAL, REVIEWS, ETC:—

BOOK NOTICES.	87
Are Quadrupeds Subject to the Hæmorrhoidal Disease?	90
Obituary	92
West Tennessee Asylum for Insane	93
Cigarette Smoking	93
Messrs. J. B. Lippincott & Company	93
Editorial Items.	94-5

THE SOUTHERN PRACTITIONER.

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DEERING J. ROBERTS, M. D., - - Managing Editor.

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NASHVILLE, MARCH, 1889.

No. 3.

Original Communications.

CHARGE TO THE GRADUATING CLASSES OF THE
MEDICAL AND DENTAL DEPARTMENTS OF
THE UNIVERSITY OF TENNESSEE.

BY W. E. MCCAMPBELL, A. M., M. D.,
Professor of Chemistry and Toxicology.

LADIES AND GENTLEMEN: The privilege of addressing you to-night, I assure you, is no empty honor to me, and my own inclinations would lead me to a less conspicuous part in these exercises. However, from the hard lessons of experience, I have learned to whatever duty I am called in the line of my profession, to do to the best of my ability, without complaining. So far as your college career is concerned with many of you, it ends to-night. I must remind you that your pleasantest hours have gone, and that the real work of your life is now before you. You have doubtless, all of you, pictured a future. Some perhaps a path more set with flowers than filled with thorns, and I

trust that should the ideal professional career which you covet never be realized, you will at least not fail to impress your life with all the beauties that grow out of your efforts, and that whatever your hands find to do and your hearts to covet, let all be done for the glory and honor of medicine, and for the dignity of pure ethics.

No nobler, no grander profession than yours can grace the life of man, and he who pollutes this great calling is a disgraceful blight that should be spurned from the society of honest men, as you would spurn the viper from your path. Venerable with age, it comes to us from the remotest dawn of history. Ever since disease brought suffering to the human body, so long has the noble science of medicine struggled to lessen pain and to brighten and lengthen life. It counselled with the great Law-giver in the wilderness, and through all the subsequent history of the mighty Hebrew, whether weeping for Jerusalem, or revelling in gilded courts, medicine has nursed man in his woes, restored health, and brought gladness to the desponding heart. Every people on earth has honored medicine, from Pagan hut to royal thrones, and the richest mythology of Greece and Rome have blended the traditions of the fathers who made medicine immortal. To these two languages we are principally indebted for our medical vocabulary. Thus medicine has flourished in all ages of the world, but not until the Christian era, when the star of Bethlehem rose, do we find the mission of saving men's lives coupled with the diviner mission of saving men's souls.

But gentlemen, with all the prestige and all the glory that our grand profession comes down to us, were I to tell you that when you leave this hall, you will find at the hands of the public, a cordial reception, and an abundant practice, I would exhort you to hope only to be crushed by bitter disappointment. The elements of success lie in your ability to meet rebuffs; in the efforts you may make to become acceptable to your new made acquaintances, and in the amount of patient industry you throw into your studies. *Patient Industry!!*

What possibilities may crown a life of Patient Industry? What lofty summit may not be scaled, what a host of obstacles

will roll away before the sturdy steps of Patient Industry? Let me emphasize these words in bidding you good-bye. Take my word for it, my dear doctors, that few men rise to opulence or eminence by native ability alone, but thousands there are, who adding to strong common sense, the habits of Patient Industry have risen to the splendid heights of an eternal fame. The list is long, but you will find in it many a name brightening and glowing as science reveals her wonders.

Hunter, the father of modern surgery was a carpenter, but by Patient Industry became one of the most celebrated medical men of the day.

This Southland of ours presents the rarest examples of self made successful medical lights in all the world: among whom we may mention McDowell, Sims, Eve, Bowling, and others. Take these for your examples, suppling your efforts with a pure morality, a high integrity, a lofty aim, crowning all with the Christian's hope.

This is now a firm foundation, the true ground work upon which you must begin the erection of all your professional hopes.

This diploma which you have earned, and which we with so much pleasure bestow upon you this evening, is only an authority to practice your profession, and will remain an empty honor should you fail to profit by the great privileges it carries.

Let me charge you that on no account do you profess to great learning. Of all the follies pedantry is the weakest, and unerringly marks a like mental calibre, and the twin of this great folly is that peculiar weakness some small men have of looking wise when they know so little, that all the world will mark it. Your attainments, whether in literature or medicine, supported by good conduct, will certainly be recognized sooner or later. The higher your culture, the better fitted you are to enter the doors of your patients. If it is humble and lowly, the refinement you bring and the kind words you may utter, will soften the rude surroundings, and find a fitting response from the saddened hearts within. If it is the costly abode of the rich, the refinement expected will be congenial to your education and your profession. It is necessary to your success that you should

be neither timid or bold, but preserve that modest deportment that commends itself to all classes, from the humblest hearthstone to the highest social position.

Need I remind intelligent men that the most efficient adjunct to whatever ability and capital they possess is politeness? It is often inadvertently wanting, but young gentlemen it is *always* needed. Poor and friendless, with only the birthright of liberty, many a young man has climbed to the heights where the names of great men cluster, because he was polite.

Be prompt in your services; if you have an excuse to make, let it be a good one.

Collect your bills from those that can pay, wait with those who need indulgence, and give to those who are too poor to pay. "The poor you have always with you" and your reward will come when "life's fitful fever is over."

Be methodical in your professional acquirements and business habits. Keep your office during business hours if possible.

Never put off for the morrow what you should do to-day, but promptly meet the issues. Never divide your time but give all of it to the one grand profession. Ever remember that :

"He who seeks one object in life and but one,
"May hope to achieve it before he is done;
"But he who seeks all things wherever he goes,
"Only reaps from the hopes, which around him he sows,
"A harvest of barren regrets."

Your privileges will be many, and your friendly advice will often be sought. To fill the full measure of a family physician is not a slight distinction, but an exalted honor. You will become the repository of valuable secrets, to betray which should sink you into disgrace.

Bear ever in mind the dignity of your noble calling.

To soothe the aching heart, to bind up the sorrows of a grief is the great mission of life, and in many a home you can let fall some word that will be a balm to burdened lives.

Be not indifferent to the grief that strikes deep into the heart of your friend, when from all your resources and perhaps those of a learned counsellor you fail to draw the consolation of even

a hope. Ah! to do your duty in this trying hour and yet feel another's grief, will be manly and noble and comports with that kindliness of heart you should surely possess. How to bear yourselves on occasions like this will sometimes test your irrepressible nature, yet to fill your place these trials must be met.

Never shun your duty through fear of contagion. Do not court it, but stand at your post.

Disease sweeps into every avenue of human existence, from the lowest hovel to the grandest mansion, and leaves its poison upon each sleeping, innocent brow.

Thus is disease our common enemy, the foe against whom all medical science raises her thousand weapons, and with whom your warfare now begins.

Go, then, young men, to the world's great nursery, and call back health to the pale cheek of childhood; calm the anxious fears of the grief-stricken mother, and comfort the disconsolate father.

Go to the blooming maiden, the hectic flush dancing in sunny sport upon the rounded cheek, and bid the destroyer halt.

Go, young men, to wealth's painted halls and get your gold for one sip from health's great fountain.

Go kneel at the bedside of the bloated, drunken wretch, and catch the feeble heart-pulses of poverty's sinful reign; snatch from the grave for the faithful wife this being she loves as husband.

Go, and with soft and gentle tread, bend over age's prostrate form and wipe away the dews of failing mortality.

Go to the lowly and make them well; go to the rich and set them free.

Go to the blind and through the sightless orbs send again the beauty of a flower-laden world.

Go make the deaf to hear, the lame to walk, the blind to see.

This, *this* is your mission.

And now, young gentlemen, my task is nearly done. A few more words and we say good-bye, never to meet again as here to-night. All that we remember of you shall be pleasant; and of your Alma Mater sweet memories will come when our paths

diverge. Her escutcheon is bright, and no blur must come upon it from your conduct in after years. Your success will be her glory; her glory your honor. Preserve both as a sacred trust. Our best wishes and our prayers are with you wherever you go.

There are many joys and pleasant places in the pathway of life, but never forget that all the joy, and all the happiness, and all the love of man, are but the reflection of womanly virtue and affection. There is not a woe that is not lessened by her sympathy; not a heart that is not touched by her love; and o'er the couch of pain and anguish will ever hover and bend the angel form of mother, wife, sister or friend.

Like the life-giving, golden sunbeam that steals into the chamber of the sick, so is the presence of woman exhilarating, comforting and holy. Gentle in step, soft in touch, loving in word, and prayerful in spirit, she brings to your aid a host of influences more potent than medicine, more inspiring than hope.

From Eden's rosy bowers, from Ruth gleaning in the fields of Moab, from Vashti at the royal court of the haughty Hebrew, from Mary clinging to the foot of the cross, and from Mary at the tomb of our Lord, comes through all the ages this shining pearl of woman's devotion and woman's love, linking earth to heaven, binding heart to heart and life to life, until the grand voice of Nature, singing birds, rippling streams, trembling leaves, and blooming flowers seem to chant in glorious unison praises to her name.

Ah! then you must trust her in your noble calling, bind her to you in holy thought, and, placing your destiny in her pure, white hands, you need not fear to launch your bark. The tempestuous sea of life will roll its billows in vain. The clouds will blacken the sky only to make brighter the land that lies beyond.

Gird on your armor, young men, nerve yourselves for the conflict; and when it is over, the shallows and jutting rocks, the whirlpools and sandbars of life are past, and the bright, bright morn of life is breaking, in the midst will be revealed Him, who went about doing good, and was both the Redeemer, and the great Physician.

REGULATING THE PRACTICE OF MEDICINE BY LAW.

BY G. W. MORRIS, M. D., OF ADAMSVILLE, TENN.

EDITORS OF THE SOUTHERN PRACTITIONER:—Please allow me space in your columns for a brief reply to two articles in the February number; one, by one of the editors, and one by Dr. Davis, on the subject of regulating the practice of medicine in the State by law.

Either these gentlemen, and all others who write and talk as they do, are sadly in error, or else I, with all who write and think as I do, am, as to the *prime* object of the subject under consideration.

It would appear from the articles that the desire for a law of this character originates with and is confined almost exclusively to certain classes of doctors, viz: "a few of * * ability, good standing and earnest purpose who are honestly mistaken, crying for what they know not of, * * * willing to degrade the noblest profession by asking that it be protected by legislative enactment"—"one who is unable to sustain himself by his own merits," etc.—a "mere parasite, a barnacle," etc., "knowing * * * that no laws can exclude him by reason of the unconstitutionality of *ex post facto* laws."

Now, gentlemen, in all deference to your opinions, I must say, so far as my observations and inquiries have gone, it differs very materially from yours on this subject. There is not a physician in good standing in the range of my personal acquaintance in this section of the State, whom I have heard express themselves, but favors a legislative enactment. Not for the protection of the profession, but for the protection of the *people*. The profession, as you all argue, does not need protection from such source. They, of all others, are less likely to suffer in consequence of the absence of such laws from the statute books than any other class.

They are the only class capable of *differentiation* in reference to this matter. If there is anybody in *this* section afraid of such a law and opposed to its enactments it is the "parasite," the "barnacle," for it is this class alone that *could* suffer in consequence of it.

You intimate the people do not want nor ask for the passage of such laws. If you will come down to West Tennessee and listen to the piteous expressions of the poor, unfortunate, suffering men and women to whom I could refer you, of how they have suffered in body and purse because of the failure of our law-makers to protect them from the ravages of *peripatetic mountebanks*, who have been driven from adjacent States and allowed to ply their vocations on the unfortunate of this, *ad libitum*, I opine there would be a change in your views on this subject, if you are made of the stuff I think you are.

No, gentlemen, the medical profession does not pray for protection from this *plague* for themselves; but for that class of which you know as well as I, there is a large number whose ailments are not amenable to medical treatment, and who are driven to the necessity of repeating the folly of the "drowning man catching at a straw," and are food for the "parasite"—the "barnacle."

As a profession we are the acknowledged conservators of the health and physical welfare of the people—it is through us they seek and expect relief and protection. If there are any other means by which protection can come except by the strong arm of the law, it has not occurred to my mind.

I am well aware the Practitioner, especially the author of one of the articles under consideration, has evinced as much of the spirit of philanthropy in his efforts to establish a State system of preventive medicine as any man in the State, and in proof of his disposition in this respect, I have but to quote a passage from the article under review: "If these gentlemen (referring to the committee appointed by the State Medical Association at its meeting at Knoxville last year, 'among whom will be found some with *pin-feathers* sticking out'—by the way, Professor, is it not a source of great consolation to us who are older, that a man can outlive that *sin*, as Prof. T. O. Summers would say), who have

been appointed to urge upon the present Legislature a bill to *protect the people*, desire to do any good, let them work—aye, urge, well and earnestly; and God grant that our Representatives and Senators may listen to them in behalf of our State Board of Health," etc.

Why, I ask in all earnestness, urge the Legislature to adopt means for the protection of the *well*, and with the next breath condemn any measure looking to the protection of the *sick*—why throw the arms of protection around the strong and take from the weak—the sick—every means of protection?

As to the *ex post facto* objection to the law, allow me to insist that, although I am not a lawyer nor the son of a lawyer, I can, not see the application of your logic in this case. It would be as logical to argue against a law for the prevention of theft, (if there were no laws against it), on the grounds that it would be *ex post facto*, and hence unconstitutional. No, gentlemen, we do not ask for the enactment of laws to punish crimes already committed; but we want to prevent them in the future, and punish the criminal in case they are committed.

You insist that a law regulating the practice of medicine would "legalize every one now engaged in the practice of medicine and surgery, qualification or no qualification; every *abortionist*," etc. This to my mind is neither lucid, logical nor cogent. As I understand it, a properly formulated law would do exactly the opposite thing. It would require of all—graduate and undergraduate, city doctor, country doctor, male and female, regular or irregular, white and black, to give evidence of a reasonable degree of proficiency; to be determined by a competent board of censors in each Congressional District in the State.

There is, in my way of thinking, all the difference imaginable between "my mother-in-law or my old granny who nursed me in infancy and spanked me in childhood, applying a cranberry poultice to my erysipelas, balm of Gilead salve to my cuts and bruises, or hot mush to my boils," actuated by the kindest, purest, highest motives—to relieve my suffering and better my condition; and the "parasite"—the *shark* actuated by the lowest

of all human passions—greed—and utterly regardless of my future welfare.

Hundreds and thousands of dollars have been worse than stolen from the incurable sick, within a radius of twenty miles from the place where these lines are written, within the last fifteen years, to my knowledge, by a class of *jackasses—medical sharks*—which amount, if it had been taken by the ordinary sneak thief, would have been far less injurious to the parties from whom it was taken, yet the public, doctors and all, would have been ready to have inflicted dire punishment in the most summary manner.

By all means, gentlemen, give us a statutory law regulating the practice of medicine in the grand old Volunteer State, *pro bono publico*. Let the friends of the measure speak out in unmistakable language, and not be deterred by the fact that some of our professional *daddies* are opposed to it.

ALBUMINURIA OF PREGNANCY.*

BY M. D. DENMAN, M. D., SPARTA, TEX.

Mr. Chairman and Gentlemen: Though but a tyro in medicine, I desire very briefly to present a few outlines on this subject for your consideration. Avoiding that silly arrogance too often apparent in the vain use of technicalities, I desire to use as much plainness as brevity will allow.

"Two things," it has been wisely said, "come not back: the *spel* arrow and the spoken word." Since this is true of spoken words, how much more irrevocable must be the influence of written ones. Realizing, then, the truth of this maxim, as well as my own inefficiency and imperfections, I invite your worthy criticism as from a beloved brotherhood of a most noble profession, and especially from those of riper years and experience, that what is said may have your approval or rejection, as the premises are founded upon truth or error.

Albumen, in minute quantities and of transient duration, is

*Read before the Central Texas Medical Association, February, 1889.

very often found in the urine of pregnant women, as well as under other conditions of both sexes, without bad results; but when persistent and *increased in quantity*, imminent danger is threatened; especially during labor, puerperal convulsions are very liable to occur.

Causes: A prominent cause of this condition, I think, is the *pressure* of the enlarged womb, retarding the free return of blood from the kidneys through the renal veins. It is readily seen, that during this blood-pressure in the convoluted renal vessels, the transudation of albumen is more likely to take place than in the absence of such accumulation. This theory harmonizes with the fact that primiparae, and those who seldom bear children, are most subject to albuminuria; their rigid abdominal muscles exerting more pressure upon the gravid womb, and thereby upon the renal veins, than occurs under opposite conditions.

Congestion of the kidneys, as from sudden suppression of perspiration, may be a cause.

By some, albumen is supposed to occur in the urine, from its excess in the blood. Since I do not know the precise physiological use of albumen, I will not positively deny this claim; but from the fact that when the blood is impoverished as in these cases, deficient albumen occurs, I would incline to think that albuminuria is due to a deficiency, rather than to an excess of albumen in the blood. For, since we know albumen facilitates capillary circulation, it would seem that a deficiency of albumen would obstruct the circulation, and thereby favor transudation.

Another very common cause is sexual excitement during pregnancy. To say nothing of the impoverished blood and nerves due to such excitement and enervating shocks, the nervous communication between the uterus and kidneys is *so active*, that undue derangement in the circulation of the former, as from coition, is readily transmitted to the latter. Hence, the engorgement of the renal vessels, with the consequent disturbance of the urinary secretion, the escape of albumen and retention of urea, etc.

These are not all the causes, but confessedly, they are the most prominent.

Diagnosis—The urine is scant, high-colored, and contains albumen, as proven by heat and nitric acid.

In cases of inflammation of the kidneys it also contains tube-casts.

In addition to the swelling of the lower extremities common in all cases of utero-gestation, there is also a dropsical appearance of the face and hands. Since the kidneys have failed in their office, urea, or perhaps some other poisonous material yet undiscovered, failing to escape with the urine, is returned to the blood, producing impaired vision, as spots before the eyes, headache, vertigo, uræmic convulsions, etc.

Treatment—The continued daily administration of diuretics and mild saline purgatives as may be required, with occasional cathartics and diaphoretics, short of enervation, to prevent undue accumulation of urea. I prefer to administer the cathartics and diaphoretics alternately, say every three or four days, or as the headache and other symptoms may indicate. The Comp. Powd. of Jalap for the former, and the spirit vapor bath for the latter, are eligible means. Cups, sinapisms and hot poultices from time to time should be applied over the kidneys to lessen their congestion. As tonics, iron and quinine should be given continuously.

Hygienic Measures.—Frequent baths, moderate exercise in the open air and sunshine, breathing exercise, varied and nutritious diet, cheerfulness and the avoidance of sexual intercourse, must be strictly enjoined. To disregard these measures, especially the last, is to invite puerperal convulsions. For, repeated coitus greatly impoverishes the nerves; impoverished nerves make bad blood; and bad blood and nerves invite convulsions. In the same way, to a less extent, *sexual excitement alone*, tends to the same results. Hence, in these cases especially, the sex-passion should remain strictly dormant. Indeed, in the laconic and impressive language of Henry T. Byford, of Chicago Medical College: During all pregnancies, as well as while nursing, and after the menopause, the *less sexual indulgence the better*.

The same eminent author and teacher, in his excellent work on gynecology, giving the causes of womb disease, says: "The unnatural social habits of

woman, and the circumstances which surround her, render her extremely susceptible to uterine disease. Coition, indulged in by the lower animals *only* for the purpose of *generation*, and periodically at *long intervals*, is resorted to by *man* as the most common indulgence of his lower nature." Hence, the truth of God is manifest. The heart of Man is desperately wicked *above all things*. No wonder that an offended Deity visits such inhuman and *worse than brutish* conduct, with the pangs of a guilty conscience, and the pains of a diseased body! If Prof. B's faithful warning words: "The less the better," were heeded, and obedience were thus rendered to the laws of nature's God, both sexes would be freer from the tortures of disease, and possess a more vigorous manhood and womanhood. There would be fewer lazy men with weak backs, and fewer feeble, neuralgic women, with diseased wombs. Their children would be endowed with more vigorous health and purer dispositions, and not with such lecherous minds and diseased constitutions, made so by the sexual sins of their parents, when none would protect them from such pernicious antenatal influences. Let mothers heed the warning words: "The less sexual indulgence the better," etc., and they will be less debilitated while nursing, and fewer of their children will be consigned to an early grave by cholera-infantum. In short, if more persons will marry, and regard marriage as a chaste and *holy relation*, instituted by God himself, not for selfish gratification, but for the virtuous propagation of vigorous offspring, there will be *less disease and sorrow*, and more health and happiness in the world."

Should convulsions occur, the lance and chloroform are sheet-anchors when not contra-indicated. Supplementary to these, the hot-air bath, chloral, gelsemium, morphia, bromide potash or veratrum, should be freely administered as indicated, to restrain the paroxysms. Speedy delivery is often required. Forceps should be used if the above measures fail to sufficiently control the convulsions.

TREATMENT OF ECZEMA SQUAMOSUM.

BY J. N. SMITH, M. D., OF CUBA LANDING, TENN.

After the papules run together, burst, and expose an excoriated, reddened surface, discharging a fluid which dries into yellowish or brownish crusts, I have derived more benefit from liquor potassæ arsenitis (Fowler's solution), but not in such large doses as are usually administered. I generally give it in one-drop doses. This treatment has proven beneficial when everything else failed. I hold that small doses of this drug is superior

to any other agent. I use no local application whatever; the dry scales fell off, resulting in a perfect cure. I don't hold this as a new discovery, but old ideas should be discussed every once and awhile.

Selections.

A LIVE SUBJECT—QUARANTINE CONFERENCE—CIRCULAR LETTER.—This circular letter is especially addressed to the health authorities of the several States most directly interested in the protection of the South against invasions of yellow fever. Copies of it will also be sent to the Governors of the several States referred to, and to the Mayors of some of the more important cities for their information, and with a view of enlisting intelligent interest in the undertaking herein explained.

Under a joint resolution of our General Assembly, the Governor of the State of Alabama has issued to the Governors of the States of Texas, Florida, Louisiana, Mississippi, South Carolina, North Carolina, Georgia, Tennessee, Kentucky, and Illinois, invitations to appoint delegates to a quarantine conference to be held in the city of Montgomery, beginning on Tuesday, the 5th of March, next, and continue for such number of days as the business in hand may render necessary.

About two weeks ago Dr. C. P. Wilkinson, President of the Board of Health of the State of Louisiana, addressed a circular letter to the health authorities of these same States, suggesting a similar conference to be held in the city of Jacksonville, Fla. I have been in correspondence with Dr. Wilkinson, and the assemblage of the proposed conference in Montgomery meets with his approval.

The object of the conference cannot be easily overrated. It is to formulate in a way that will command the confidence of the general public and of the civil and sanitary authorities of the States concerned, and in the light of our latest experience and information, the principles and regulations which should govern

our Southern quarantines, and at the same time to arrange such plans for harmony and concert of action as may seem practicable and desirable.

It is earnestly desired that all the States included in the invitation shall be represented in the conference by full delegations of such of their citizens as are fitted to discuss the theoretical and practical problems involved in their rational administration in the South. The occasion ought to be made a very memorable one.

The conference proper will be composed exclusively of the duly accredited delegates of the States; but other persons interested in quarantine matters will be heartily welcomed to seats on the floor, and to take such part in the discussions as under the circumstances may seem expedient.

To facilitate the work of the conference, experts, believed to be specially qualified, will be requested to formulate in advance, for discussion, a series of propositions covering the subjects of maritime quarantine, railroad quarantine, municipal quarantine, depopulation of infected towns, refugee camps, panics, stampedes, disinfection, health certificates, etc.

We desire the assistance and co-operation of all who have had experience in the management of quarantines, and of all who have studied the progress of epidemics of yellow fever or other epidemics. Suggestions through the mails will be thankfully received.

All persons receiving this circular letter will confer a favor by acknowledging its reception, and notifying us what themselves and the communities they represent can be depended on to contribute to the success of the conference.

Address all communications to

JEROME COCHRAN, M. D.,
State Health Officer of Alabama.

MONTGOMERY, ALA., January 10, 1889.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

STRYCHNINE AS AN ANTIDOTE IN NARCOTIC POISONING.—

It is universally recognized that narcotic drugs in lethal doses produce death through paralysis of the respiratory centre, and it appears difficult to account for the fact that strychnine, the most powerful stimulant to that centre which we possess, should not be recommended as part of the routine treatment for all narcotic poisons. Atropine for the present is allowed to hold this position, but there is a stage in opium poisoning at which the use of this drug is fraught with danger, and a patient may pass away in a condition of profound narcosis in which the action of atropine preponderates over that of the original poison.

Strychnine has long been used as an antagonist to chloral in cases of poisoning by that drug, and the similarity in many respects between the effects of chloral and of opium led Dr. G. A. Gibson to employ strychnine in order to counteract profound opium narcosis.

In a number of cases of narcotic poisoning which came under Dr. Gibson's care, strychnine was used hypodermically when there had been any irregularity or interruption of the breathing, and the effect of this drug was immediately shown by the increased rate, more regular rhythm, and greater depth of the respirations; while even in cases where the breathing had ceased, Dr. Gibson states, it has again commenced after the administration of the strychnine.

Dr. Gibson takes exception to the general treatment of narcotic poisoning given in ordinary books, and contributes the following as the best method of treatment in such cases.

The chief indications in all such cases are two in number: first, to remove any of the poison that may be within reach; and, second, to sustain the activity of the vital centres, especially that concerned in the maintenance of the respiration, until the poison which has been absorbed is eliminated.

The first indication can most perfectly be met by washing out the stomach by means of the siphon tube, which is at once more convenient and more thorough than the stomach pump. If neither siphon nor stomach pump should happen to be at hand, a tablespoonful of mustard in half a pint of tepid water, or 20

grains of zinc sulphate in a similar quantity of water, may be administered. In suicidal cases, however, the exhibition of such remedies is as a rule well nigh impossible, and for these, as well as many other cases, the hypodermic injection of 1-10 of a grain of hydrochlorate of apomorphine, which may always be kept ready in the form of tabloids, is necessary. By one or other of these methods the last trace of the drug may be removed from the stomach. If the siphon or stomach pump has been employed, a pint of strong black coffee should be introduced before it is withdrawn, or, if neither can be used, it may be given by the rectum.

The next indication is to keep the vital centres in a state of activity, while at the same time doing nothing that can in any way cause exhaustion of any part of the system. Here we have at our command several means of rousing the centres, which may be used in turn according to circumstances. It is well as a rule to keep the patient awake by asking questions or issuing commands in a loud voice. If this is not enough, the same end may be attained by tapping the forehead with the tips of the fingers, pinching the arms and legs, or pricking the skin slightly with a needle. If these are not sufficient to prevent the appearance of sleep, the cold douche may be used; but in Dr. Gibson's opinion the employment of cold is as far as possible to be avoided. A far more efficient mode of rousing the patient is to be found in the application of mustard leaves to the calves, and in the use of the interrupted or induced current, as by such means powerful stimuli may be administered without the possibility of aiding the depressing effects of the poison.

One method of keeping the patient awake must emphatically be condemned—namely, that of making him walk about, as is still to be found recommended in some of the text-books. This method used to be in vogue at some of the hospitals, and was carried out by means of relays of policemen specially told off for the duty. The patient was marched round the waiting-room between two of them, and was followed by the resident physician or clerk in charge of the case, whose role was to flick the calves with a wet towel, if there be any signs of flagging energy on the

part of the patient. This mode of preventing the patient from sinking into slumber has a great tendency to exhaust the vital powers, and has almost everywhere been rightly abandoned.

Another method commonly adopted in such cases must also be at least strongly denounced—namely, the administration of alcoholic stimulants. These aid the action of narcotics, and must be studiously avoided.

Keeping the patient in the horizontal position, the respiration is to be carefully watched, and if there should be the least sign of irregularity, or shallowness, or inequality in the breathing, 1-100 or 1-50 of a grain, according to the age of the patient, of sulphate of strychnine should be administered subcutaneously, and may be repeated at intervals of an hour two or three times. If, in spite of the strychnine, the respiration becomes very feeble or ceases entirely, artificial respiration must be commenced promptly. The most convenient method to employ is that of Sylvester; and it should be persisted in until, on the one hand, the respiration is carried on by natural means, or, on the other, the heart has for half an hour ceased to beat. If any one who reads these remarks should employ strychnine in the manner above described, he will be struck by the immediate improvement in the respiration which follows its administration.

If the circulation threatens to fail in consequence of the poison affecting the motor mechanism, or of spasm of the arterioles caused by deficient oxygenation of the blood, it also will require prompt attention. The use of the strychnine is of service as a stimulant to the motor centres of the heart, and may be aided by the employment of ammonia or ether; while if artificial respiration has been thoroughly performed there should be no spasm of the arterioles; but in the event of such an occurrence recourse must be had to nitrite of amyl.

Although special reference has been made in these remarks to narcotic poisoning, it must be added, in conclusion, that in cases of danger from failure of the respiratory centre, caused by the general anæsthetics, the employment of strychnine is likewise of the greatest importance.—*Therapeutic Gazette*.

[Dr. J. R. Fletcher, of Wartrace, Tenn., reported a case of morphia poisoning successfully treated by strychnia in the October, 1888, number of this journal.—ED.]

DYSMENORRHEA, RAPID DILATATION OF THE CERVIX.—This is a favorite subject with Dr. Goodell in his clinical lectures. In my experience it is no doubt a most satisfactory operation in many cases of severe dysmenorrhea. To obtain good results and safety it has, however, to be properly done, and this means experience. I am in the habit of combining with dilatation some cutting whenever the tension upon the instrument becomes extreme. I always excise the posterior segment of the cervical wall at the same time.

"The patient is 25 years of age. Puberty began at 14, and ever since she has had severe and obstinate dysmenorrhea. She comes to us now not so much for the pain during menstruation as for pain produced by coition, a condition to which we apply the term dyspareunia. When a woman who has never borne children complains of dysmenorrhea, the cause in the great majority of cases is ante flexion. Retroversion and retroflexion, on the other hand, are usually the result of lack of involution after labor. The uterus is too heavy and falls backward, and we have, according to the degree of plasticity of the organ, retroversion or retroflexion. If the organ is easily bent, we have a flexion, but if the tissue is firm and the ligaments somewhat relaxed, there will be retroversion. As I have told you, this patient has had dysmenorrhea since puberty, but since her marriage, three years ago, the pain has become much worse. The fact of painful menstruation indicates that she has one of two conditions, or possibly both of them. There is either an exaggerated ante-flexion or stenosis of the cervical canal, or both. If the bend in the neck of the womb is great, no fluid can escape. The blood collects in the cavity of the womb, distending it, and at last the canal is straightened and the fluid escapes with a gush. Sometimes the occurrence of this sudden escape of blood is not recognized by the patient, but on close inquiry she will tell you that the pain goes on increasing until it reaches its acme, when there will be a sudden diminution in its intensity, when it will again gradually increase. There is often some difficulty in deciding whether or not a patient has stenosis by angulation, for during the intermenstrual period the sound may readily pass, but at the time

of the period the mucous membrane becomes swollen and the canal is occluded. In married women who do not become pregnant there is superadded the congestions from coition. The accumulation of fluid in the cavity in the uterus at the menstrual periods leads to hypertrophy of the uterine muscle, so that we have the monthly congestions and the engorgements from coition acting on an organ already enlarged. As a result, we have a subacute form of endometritis, and the ovaries also become congested and tender. The cervix, which ordinarily is very insensitive, will at times become the seat of exquisite sensibility. This, in my experience, is most frequently seen in those who are employing preventive measures to avoid conception. This woman is anxious to have children, and it is evident that her condition is not the result of any evil practice. Antelexion of itself calls for no treatment, but when it causes dysmenorrhea, and when the pain is not due to irritability of the womb, the antelexion should be relieved.

"The patient has now been placed thoroughly under the influence of ether. There is a decided antelexion, and the sound gives a measurement of three inches. The best method for the treatment of this condition is dilatation. This is much better than the cutting operation, which consists in slitting up the posterior lip of the cervix to the vaginal junction and then introducing a knife within the canal and cutting the little spur of tissue that remains. This is not so successful as dilatation, and is far more dangerous. Many lives have been sacrificed by the bloody operation, as it has been termed. I have performed the operation of dilatation in 317 cases, and have never had any alarming symptoms. In a few instances there has been a slight metritis, with some involvement of the peri-uterine peritoneum. I shall now proceed to the performance of the operation in this case. We employ thorough antiseptics throughout the operation. The vagina is first cleansed with a 1 to 1000 solution of corrosive sublimate. After introducing a speculum, I catch the cervix with a tenaculum and hold it while I introduce Ellinger's dilator, and then reverse it. This readily passes. When it does not enter at first, introduce it as far as it will go and separate the

blades. Then close it and introduce it a little further, and in this way you can soon tunnel your way through the canal. Care should be taken to see that there are shoulders on the dilator to prevent it from entering too deeply into the cavity of the womb. The shoulders should be two inches from the extremity of the instrument, and there should be at least half an inch between the ends of the dilator and the fundus of the womb. If the blades were in contact with the fundus of the womb, they would be liable to tear the tissue as they were opened and cause serious results. Having the dilator properly introduced, I gradually separate the blades, not using too much force at once. I have torn the cervix while dilating. The tear did not give any trouble, but there was a certain amount of hemorrhage. This was controlled by the application of Monsel's solution and the introduction of a tampon. I have now dilated as far as can be done with this instrument. I next employ a much more powerful dilator, the blades of which have no tendency to feather. Having slowly dilated to one inch and a quarter, I remove the ether, and allow the instrument to remain until the patient begins to show that she feels it. Before the beginning of this operation, I always direct that an opium suppository be introduced into the rectum, so that it will have begun to act by the time that the effect of the anesthetic has passed off. Before removing the dilator the vagina is again thoroughly cleansed with the corrosive sublimate solution, and some of it is allowed to enter the cavity of the uterus. This is perfectly safe when the os is in the patulous condition. The dilator is now withdrawn and a ten-grain suppository of iodoform is slipped in the vagina. I can confidently recommend this operation to you in such cases as this. Occasionally it is necessary to repeat the dilation, but one operation almost always gives decided, if not complete, relief.—*Dr. Goodell, Chn. Lect.—Mont. Med. Jour.*

ESCHSCHOLTZIA CALIFORNICA.—A SUBSTITUTE FOR MORPHINE.—The Paris correspondent of the *New York Medical Journal* reports in a recent number that M. Bardet and M. Adrian have examined the American plant called *Eschscholtzia Cal-*

ifornica, and they find that it really contains morphine, and this is the first time that a plant of any other order than the *Papaveraceæ* has been found to contain that alkaloid.

It contains also another base, together with a glucoside, which may be very important when their characters have been studied. In any case the drug should be a valuable aid in replacing the opium alkaloid when necessary.

We are also in receipt of the following excerpt from a thesis by Dr. Terzakariantz, of the Paris Faculty, "On the Physiological and Therapeutical Study of *Eschscholtzia Californica*," which is confirmatory of Bardet's and Adrian's experience.

"After explaining the processes employed for the manufacture of the alcoholic and aqueous extract of this drug, and quoting a number of experiments made with it in a physiological direction at the Cochin Hospital in the laboratory of M. Dujardin Beaumetz, the author sums up as follows:

Eschscholtzia Californica is a soporific of great value, while its use is unattended by untoward effects. It is an analgesic of much worth in certain cases. It does not present the inconveniences of morphine, while its administration is very simple. The dose administered has been from 2.50 to 10.0 gram per day, and it can be given either as a decoction, a syrup or in the shape of pills.

The following formulæ are given :

R	Alcoholic ext. of E. Calif.....	2.50 to 10.0
	Rum.....	30.00
	Syrup acacia.....	30.00
R	Alcoholic ext. E. Calif.....	250.00
	Simple syrup.....	2000.00
	One to four tablespoonfuls per day.	
R	Alcoholic or aqueous solid ext. of E. Calif.....	20.00
	Excipient, q. s. ad.....	40 pills
	Dose, 5 to 15 pills per day.	

The effect of the medicine persists quite a long time after discontinuance of the employment.

Considering the important fact that these investigators have proven that there is morphine in this drug, it deserves a further

investigation at the hands of American physicians. We understand that Messrs. Parke, Davis & Co. are prepared to place gratuitously at the disposal of physicians small quantities of the fluid extract for trial.—*Medical Age*.

"Now get you to my lady's chamber, and tell her, let her paint be an inch thick, to this favor she must come."—*Hamlet, Act V, Scene I.*

AMERICAN EDUCATIONAL JOURNALISM.—For several months past the leading journals of civilization (?) in the country, i. e. *Harper's* and *The Century*, have devoted much of their advertising space to patent medicines and quack professional cards. As the exponents of the culture they represent, and the educational purposes they serve, their advertisements, it may be taken for granted, afford a correct index as to the intelligence of their readers, whom it is safe to presume are governed by the medical advice of the able editors.

Among the numerous nostrums largely billed and illustrated may be taken, as an example, a preparation known as "Recamier Cream," a thing that Adelina Patti Nicolini—she of two or three husband fame—and other women of similar moral character cry after; even that much manned old French frigate, Sarah Bernhardt, weeps for joy when she pastes this delightful biochloride preparation on her pimpled cheek, and fires off a broadside of bad French eulogy. Perhaps, after all, one should not criticise the motives of the intelligent editors of *Harper's* and *Scribner's* great moral engines for the dissemination of knowledge; these journals are always willing to sell and prostitute their columns for any enterprise, *providing the advertiser pays well*; that is their business, not ours, but when these journals endeavor to pose before thinking people as public reformers, with high ideas regarding moral ethics, one glance at their advertising columns is sufficient to show their hypocrisy and fraud.

It was Rasselas, Prince of Abyssinia, who exclaimed: "Ye who listen with credulity to the whispers of fancy, and pursue with eagerness the phantoms of hope, who expect that age will perform the promises of youth and the deficiencies of the present

day will be supplied by to-morrow, listen to the story of *Ras-selas*." This story may be found fully set forth in the advertising of Recamier's "Cream" and a preparation known as "*Vita Nuova*." For artistic lying the writer of these cards could give Ananias points and then treble discount him. In order to do this, however, it is necessary to invoke the aid of the popular actress of ill-repute and the talented preacher of God's holy word—a strange combination, forsooth, but one that always hits that most easily gulled of all human beings, the so-called *bright* American, the principal patron and worshipper of humbuggery—for in America religion and the stage, with patent medicine, wander together hand in hand, seeking to delude the dear people, who are a fair prey for an average imposter. Pick up any religious or temperance paper in the country, and there you will find the "Bitters" that contain alcohol, and the "Opium Antidote" that is saturated with morphine. Without such "ads." theological journals would not thrive in the United States; and this tendency to perpetuate fraud through unscrupulous journalism has now extended like a pestilence to the lay journals of the land. The mischief wrought by these foul destroyers of soul, mind and body is incalculable; they are corrupters of morality, the insidious iconoclasts of public virtue, and the paid agents of vice; the price of the "ad." soothes each drowsy conscience in a land where the struggle is for wealth, no matter how close the victim grazes the penitentiary bars in the pursuit of gain. The religious journals of the country have for years been the panderers to the vendors of abortive remedies; Christ is crucified in one column, and pennyroyal and cotton-root pills praised on the opposite page. It is no wonder that physicians, year by year, are evidencing a wider tendency to denounce religious and so-called moral journalism. The most sensational morning journal in the country would modestly shrink from publishing the filthy "ads." found in some of the religious weeklies of the United States, where the "retired clergyman, ruined by early indiscretions, etc.," publishes his cards with the holy address of "Bible House," New York. If Anthony Comstock would turn his eyes on the columns of a few of the New York church journals he would see ten

times worse matter than ornaments the columns of the *Police Gazette*, which is respectable and decent by comparison.

In the last number of *Harper's Monthly*, among the numerous religious indorsements appended to a single nostrum, largely advertised, we extract the following as samples of the more modest letters of indorsement to a variety of *adulterated alcohol*.

"*St. George's Chapel, Church of the Reformation, 130 Scranton Street, N. Y.*—Dear Madam: For some months I have been using your "Vita Nuova" among our poor and sick, with excellent results, but buying at retail makes it rather expensive for charity work, although we never buy less than one-half dozen bottles at a time. Will you supply this Mission Chapel direct from your manufactory at wholesale rates for such small purchases as a dozen bottles at an order? Yours truly,

"S. SCADDING, *Minister-in-charge.*"

Here we see a clerical "*Bitters Vender*" spreading alcoholism among the poor of his parish. We commend this noble-spirited clerical philanthropist to the tender care of his Bishop.

Again, we have the following card:

"*New York, August 16, 1888.*—Having tried your "Vita Nuova" with perfect satisfaction, we cheerfully recommend its use to all persons suffering from the ills mentioned in your Danger Signals. Wishing you God's blessing, Yours ever gratefully,

"Little Sisters of the Poor,

"SR. MELANIE."

God's blessing invoked by the "Little Sisters of the Poor" will no doubt prove all-powerful for "Vita Nuova." We trust that the Cardinal of New York will see that his female religious followers do not peddle out ergot in pills to the members of his congregation.

Again, we have the card of a popular Protestant theologian:

"*Lake Geneva, Wis., June 23, 1887.*—You and I have so long been personal friends that I am almost afraid that my regard for you helps make your 'Vita Nuova' better than other medicines. It finds in my organism an enemy that has 'held the tort' for thirty years, but it has already brought me peace and hope. It has great merit as a help to nature. I am glad that it is not a

magical compound, nor the juice of some plant found in the heart of Africa by some heaven-guided tramp, but is wholly rational and scientific. With kindest wishes, Your friend,

"DAVID SWING."

The "enemy that holds the fort" in Swing's case may be malarial, constitutional, or otherwise. "David" has evidently got the religious jimjams from reading Rider Haggard's South African novels. Still, if it brings "David" "peace and hope" one should not complain. We suggest to all these *goody-good* people that whisky straight is more potent than any of the protean forms of "Bitters" now held up to the public gaze by the highly intelligent clergy of the United States through their religious journals.

It seems to be a popular belief that the regular medical profession objects to patent medicine because it interferes with their practice; such is not the case, for these nostrums are largely responsible for the Bright's disease and bladder troubles of this country. Every dozen bottles of patent medicine sold over the druggist's counter makes a patient for the doctor. It is not difficult to cure disease oftentimes, but the present epidemic of patent medicine dampoolery, nurtured and fostered in the interests of the various churches of America, should be restrained. If clergymen desire respect for their calling they should preach what they practice. The "Bitters" in the study closet, while an aid to preparing the usual dull Sunday sermon, have enough alcohol in them to induce clerical cirrhosis of the liver, or theological brain softening, which seems to be a common complaint just at the present period.—*T. C. M., in Cincinnati Lancet-Clinic.*

SULPHONAL.—THE NEW HYPNOTIC.—Constantin Paul spoke of sulphonal before the Therapeutic Society of Paris, Jan. 9 1889 (*Bulletin Medical*, Jan. 13, 1889). After referring to the observations of Kast, which have been noted already in the *Reporter*, he said that when fifteen grains are given to a patient in the evening, he generally falls asleep in a half-hour, but sometimes only in an hour or two. The sleep is light and without either dreams or night-mare, and is followed by a feeling of comfort without gastric uneasiness on awakening.

Sulphonal is especially indicated, he says, in nervous insomnia, in doses of fifteen or thirty grains. M. Paul has employed it with variable success in toothache, in a case of cellulitis of the face complicated with neuralgia, after a fracture, in alcoholic delirium, delirium tremens, in mania, in hypochondria, and in acute diseases, fevers, etc. Sulphonal, he says, may be substituted for morphine; thirty grains produce sleep in morphinomaniacs. In a case of hypertrophy of the heart no intolerance was produced; the cardiac distress was not increased, respiration remained quiet. He regards sulphonal as an adjuvant in rheumatism when the pain has been previously allayed with salicylate of soda; so also in acute or subacute bronchitis. In the latter he first allays sensibility with codeine and then obtains restful sleep with sulphonal, which he says is well borne, even by children.

Mr. Huchard was more guarded in his statements. He gave a brief account of fourteen cases in which he had employed it; in five of them it was unsuccessful. He stated that sulphonal has no anæsthetic power. Its greatest action is produced in nervous insomnia and is prolonged for four or eight hours, rarely longer, although Kiffer has observed a patient in whom sleep lasted thirty-six hours. Because of its slow action it is necessary to give at the outset a large dose. It sometimes occasions slight diuresis. Its principal inconvenience is its being followed by a painful awaking, with a feeling of hesitation in walking resembling cerebellar tottering, rather approaching ataxia. Some eruptions and hallucinations of hearing have also been noted. If sulphonal is a substitute for chloral, he says, it is not superior to it, its only advantage being its prolonged action.—*Philadelphia Medical and Surgical Reporter*.

SKIN DISEASES IN THE NEGRO.—Negroes are less liable than the whites to skin diseases of a severe type. The skin is coarser in all its elements and less sensitive to poisons, to nervous lesions, or constitutional or general influences. Darker the color of the skin, less severe the type of disease. Five hundred cases of skin disease in the negro have been treated and the following general results noted: Acne was rarely seen; the induration of chancre more marked; in erythema nodosum there was but little pain;

acute eczema was less frequent than in the white and more easily cured; favus and furunculosis were rare, but herpes facialis very common; keloid and lymphadenitis were very common, as was seborrhœa capitis; pruritis was a very common affection; tinea was common but very easily cured; dermatitis venenata was very uncommon, and when present itching seemed to be frequently the only symptom; chancre made its appearance sooner after exposure than in the white—the glands were larger and more prone to suppurate.—*New York Medical Journal*.

[And small-pox kills the dark-skinned people.—*Ed.*]

TO BLISTER THE SKIN QUICKLY.—Into a watch-glass, pill-box, or any similar small receptacle, pour ten drops of concentrated water of ammonia (aqua ammonia fortior); cover the liquid with a bit of linen or a little cotton-wool, and at once apply the cup upon the skin where the blister is required. Press so that the vapor is confined to the inside of the vessel. A red circle will directly be observed outside, when it will be certain vesication has taken place. Half a minute or so is all the time required to obtain the result. The blister may be dressed in the usual manner of dealing with a blister from cantharides. Acetic acid, concentrated, applied to the skin, will also in a few minutes produce vesication. In such cases evaporation should be prevented by some suitable covering. Bibulous paper slightly wetted with a little of the ethereal extract of cantharides, instantly applied to the skin and covered with a piece of adhesive plaster, will answer for the same purpose.—*Med. Record*.

[And you give this as a news item, Brother Shrady? It is a chestnut of more than a half century's mustiness.—*ED.*]

GARGLE TO PREVENT LOOSENING OF THE TEETH.—R. Acid tannic, 3 ij; tinct. iodi, gtt. 75; potas iodid, gr. 16; tinct. myrrhæ, gtt. 75; aquæ rosæ, 36½.—M. A tablespoonful of this mixture in a third of a glass of warm water to bathe the gums with, after finishing the toilette of the mouth, will, in the end, remedy the loosening of the teeth.—*Union Méd. de Paris*.—*Med. Recorder*.

[I have never found anything more efficacious than the root

of the narrow-root dock—*Xanthorizza Apiafolia*. A small piece of the fresh root, say about the size of the end of the little finger, chewed four or five times a day ; or a tooth-powder made of the dried root pulverized and combined with about one third as much powdered orris root. While the dock root is quite bitter, yet it is not unpleasantly so.—ED.]

WE ARE WHAT WE EAT.—Dr. E. E. Wood, in a recent address on dietetics, says : “ Food and drinks, feeding and drinking, would seem to exert a wonderful influence over the habits of thought, the customs and manners of races of men, and their diseases also. By searching we might find that the egotism, conservatism and tenaciousness of the Englishmen are as much the results of his beef and ale as is his gout ; that the sparkling bonhomie of the Frenchman comes from his dainty cuisine and bubbling champagne, as does also his mercurial disposition and his passionate life ; that the macaroni and fortified wines bestow song and art on the Italian, as does beer and sauer-kraut stamp solidity and patriotism on the German. America, ever able to give the world a lesson, contributes rush and dyspepsia as the product of hog and whisky.”—*Medical Age*.

THERE is a “ new head ” on the Memphis *Medical Monthly* which adds to its good looks.—*So. Clinic*. [Yes ; but from the amount of snakes seen thereon, it might be possibly attributed to “ Memphis Red Licker ”—if we did not know that the associate editor had formed a new partnership, and that the “ red-acteur en chef ” is more than he “ Seems.”—*Ed.*]

A CENTRAL LOCATION.—Pronounced success is the Sturtevant House, Broadway, corner 29th street, New York. Rooms \$1 per day and upward, European, or with board \$3 to \$4 on American plan.—*Graphic*.

Mrs. Amelie Rives-Chanler is reported to have offered a prize of \$100 for the best essay on child-labor.—*Md. Med. Journal*.
[Dealing in futures, as it were.—ED.]

Editorial.

FOURTEENTH ANNUAL COMMENCEMENT—MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVER- SITY OF TENNESSEE.

The usual commencement exercises of the above-named departments of the State University were held in Masonic Theatre, in this city, on the evening of February 26th. As on preceding occasions, the auditorium was filled with the elite, beauty, refinement and intelligence of our capital city. The ladies, God bless them, taking no little interest in the occasion.

On the stage was seated the President of the University, Prof. Charles W. Dabney, Jr., Ph. D., together with the President of the Medical and Dental Departments, Prof. W. P. Jones, M. D., the Deans of the respective faculties, Profs. Duncan Eve, A. M., M. D., and J. Y. Crawford, M. D., D. D. S., other members of the faculty, the valedictorians of the two classes, and quite a number of prominent and representative citizens. The stage setting, with its tropical plants and flowers, was the handsomest we have ever seen in this city.

Promptly at 8 o'clock, after music by Prof. Chas. Pelletieri's excellent band, stationed within the orchestra rails, which furnished most excellent, well executed, and entrancing selections throughout the evening; the exercises were opened by an invocation to the Throne of Grace by Rev. Wm. Graham, D. D., of Christ Church.

Robert D. Crutcher, D. D. S., of Tennessee, then being introduced by President Jones, proceeded to deliver the valedictory address on the part of the Dental Graduates.

After a fitting allusion to the auspiciousness of the occasion, the speaker gave an analysis of the progress of dentistry as a science. He said: That beginning as a mere accessory to medicine and surgery, it had expanded until it had reared a temple of its own. It is the refinement of science. Without it the melodious notes of Patti and Jansen would be but discordant sounds." The speaker continued in this vein, giving many illustrations of the strides made in this comparatively young, but rapidly-growing science. Dr. Crutcher's de-

livery was measured, his articulation good; the speech on the whole was a meritorious effort. Its conclusion was greeted with liberal applause.

After a rendition by the orchestra, James B. Poynor, M. D., of Texas, was introduced and delivered the valedictory in behalf of the medical graduates. This gentleman, indeed, deserves credit for the way in which he sustained himself, far beyond the most sanguine anticipations of his numerous friends in this city. Although quite young, and all the ladies say quite handsome, his beauty of diction, eloquence in elocution, and grace of gesture, with a full, well rounded voice that entirely filled the auditorium, in its well modulated tones, gave the audience an oratorial treat long to be remembered. He not only deserves credit for his success on this occasion, but by reason of his "Patient Industry," in the past, to quote from Prof. McCampbell's address. He is a self-made, cultured gentleman. But a short time ago he was earning an honorable living at "the printer's case" in this city, working on one of our daily newspapers, and by regular habits, untiring energy, and a just and honorable economy, put by sufficient means from day to day, to defray the expenses of his medical education, and we can but again congratulate him on the attainment of his degree, and his class-mates on having so gallant a representative. We regret that we have not space to give his entire address in full, or even a full synopsis of its excellent subject matter—possibly we may be able to do so in a succeeding issue.

Dr. Poynor commenced by saying that he knew not whether the occasion brought more of pleasure or of pain; more of joy or sorrow. After alluding to the pleasant associations of student and teacher, the speaker discoursed upon the great responsibility which must rest upon each student as he went forth to fight life's battles. He reminded his classmates that they had characters to maintain, and besought them to uphold the dignity of their profession, and the reputation of their alma mater. Round after round of applause followed its conclusion.

After another musical selection, Prof. Dabney, with his inherent grace and well trained culture, in a few well-chosen words, conferred the proper degrees upon the following graduates:

MEDICAL DEPARTMENT—DEGREE OF M. D.

Anderson, Robert A.....Tennessee.	Johnson, Preston T.....Alabama.
Arnold, John F.....Tennessee.	Kallock, W. D.....Tennessee.
Ballenger, Bart M.....Alabama.	Mathis, James E.....Tennessee.
Booher, William R. C.....Tennessee.	McNeely, John A.....Kentucky.

Brodie, Mart L.....	Texas.	Morgan, George W.....	Alabama.
Butler, James G.....	Tennessee.	Nesbitt, James N....	South Carolina.
Caps, Claudius M.....	Tennessee.	Nicholson, J. L.....	Florida.
Conrad, Albert R.....	Kentucky.	Newman, C. Nat.....	Tennessee.
Coston, Green M.....	Texas.	Parr, Lee E.....	Texas.
Cummings, William B.....	Tennessee.	Phillips, James R.....	Texas.
Cunningham, R. C., Jr.....	Mississippi.	Poynor, James B.....	Texas.
Cypert, Jessie B.....	Texas.	Prestwood, Robert L....	North Carolina.
Donnelly, James W.....	Tennessee.	Price, William J.....	Texas.
Dunn, Ross	Tennessee.	Robinson, Andrew J.....	Georgia.
Dunn, Thos. C.....	Kentucky.	Robinson, Samuel H.....	Texas.
Eagle, James T.....	Texas.	Shelton, Green M.....	Kentucky.
Edwards, Alnus H.....	Tennessee.	Self, George W.....	Alabama.
Edwards, William T.....	Missouri.	Simmons, James E.....	Tennessee.
Gass, Charles C.....	Tennessee.	Simpson, Charles W.....	Tennessee.
Gauze, Edwin J.....	Illinois.	Taylor, J. C., Sr.....	Tennessee.
Gray, William N.....	Tennessee.	Taylor, J. C., Jr.....	Kentucky.
Guthrie, William A.....	Kentucky.	Tillery, John P.....	Tennessee.
Hamilton, Oliver P.....	Tennessee.	Tribble, Elves T.....	Kentucky.
Hare, Joseph H.....	Virginia.	Walker, Charles C.	Texas.
Harrell, Milton G.....	Tennessee.	Waters, James M.....	Tennessee.
Hayes, G. Douglass	Tennessee.	White, Garrett,	Tennessee.
Hendley, Benjamin I.....	Kentucky.	White, Joseph A.....	Arkansas.
Hodge, Henry	Kentucky.	White, Oliver M.....	Tennessee.
Houck, Isaac T.....	Illinois.	Yates, G. M.....	Tennessee.
Houston, Thomas J.....	Mississippi.	Young, William F.....	Tennessee.
Jefferson, Thomas B.....	Kentucky.		

DENTAL DEPARTMENT—DEGREE OF D. D. S.

Alexander, Charles H	Tennessee.	Slatop, Edward E.....	Alabama.
Boger, Twigs R.....	Georgia.	Spargo, Samuel J.....	Tennessee.
Cottrell, Arthur J.....	Tennessee.	Spivey, J. D.....	Mississippi.
Crutcher, Robert D.....	Tennessee.	Towns, W. Andrew.....	Tennessee.
Harris, Joseph B.....	Mississippi.	Willie, Alvin S.....	Tennessee.
Holmes, Eugene L.....	Mississippi.	Harris, W. M. (Honorary)	Tennessee.
Moore, James H.....	Alabama.		

After the degrees had been conferred, each graduate going upon the stage as his name was called by the Deans of the departments, and receiving his diploma from the hands of the President of the University, Prof. W. E. McCampbell, A. M., M. D., was introduced and delivered the charge to the graduates. His address will be found in full in the Original department of this number, and is well worth reading. It is unnecessary for us to say, that nothing was needed to maintain his already well established reputation as a well-trained and grace-

ful orator. The following biographical points in regard to this gentleman, although known to some of our readers, we deem worthy a place in our pages. Prof. McCampbell was born in Knox County, Tenn., 1854. He received his literary education at the State University at Knoxville, and attained his medical degree in its Medical Department in this city in 1881, receiving its highest honors on graduation. He immediately commenced the practice of medicine in East Nashville, and was appointed Demonstrator of Anatomy in his Alma Mater the following year. Subsequently, in 1884, he was selected to fill the Chair of Chemistry and Toxicology, made vacant by the death of the eminent and renowned Prof. George S. Blackie. His attainments in chemistry during his literary and medical novitiate in the State University, enabling him to fill acceptably the vacancy caused by the death of so eminent a predecessor. He was married in 1885, to a most estimable young lady of Missouri, who now, with his children, grace and adorn his modest but charming cottage in East Nashville.

Nor is it out of place to mention, that he is not the only one of the Alumni, who have become professors and teachers in the Medical and Dental Departments of the State University. Like the State of which they are integral parts, they have not failed to honor worthy and deserving sons. The Chair of Anatomy is held by one of its graduates, and the Dean of the Dental Department, and Professor of Operative Dentistry, received their magic letters of mark, with full parchment authority of M. D., and D. D. S., at previous commencements of this institution. Its demonstrators for many years have ever been its Alumni.

After the conclusion of Dr. McCampbell's address, the following gentlemen having been deemed most worthy, were called to the stage to receive the only prizes allowed by the institution: J. P. Tillery, M. D., of Tennessee, the Paul F. Eve Faculty Medal; Ross Dunn, M. D., of Tennessee, Medical Faculty Second Honor; C. W. Simpson, M. D., of Tennessee, Medical Faculty Third Honor; A. S. Willis, D. D. S., of Tennessee, Robert Russell Faculty Medal; T. R. Boger, D. D. S., of Georgia, Dental Faculty Second Honor; W. A. Towns, D. D. S., of Tennessee, Dental Faculty Third Honor (given by Messrs. Morrison Bros., of this city.

Prof. J. H. Blanks, M. D., awarded the prizes in a brief but appropriate and eloquent address.

The benediction was then pronounced, and many "floral offerings"

from friends of various members of the graduating classes were distributed, and to the enlivening and delicious strains of Pelletieri's band, the large audience slowly filed out of the auditorium.

The sixty-one graduates of the Medical, and the thirteen of the Dental Department, represent States from all parts of the Union. Both departments are in a flourishing condition, and the almost universal success of former graduates, wherever they have located, is the best evidence of the careful methods employed by the members of the Faculty of this long-established school. The year just closed was the most prosperous in its history.

The next course of instruction will begin Monday, September 2.

FACULTY CONGRATULATIONS OF THE MEDICAL AND DENTAL DEPARTMENTS, UNIVERSITY OF TENNESSEE, SESSION 1888-9.

After the exercises at the Masonic Theatre, the Faculty, members of the graduating classes and invited guests, repaired to Whalley's Restaurant, just across the street. The entire lower apartment had been reserved for the annual banquet given by the Faculty. No wines or other liquors were served. The occasion, indeed, was so full of pleasing incidents, and happy inspirations, that any artificial stimulant to enjoyment was unnecessary. Gen. Wm. G. Brien presided with characteristic dignity and ease. Dr. Duncan Eve, Dean of the Medical Faculty, it was noted, specially devoted himself to supervision of the comfort of the guests the entire evening. The tables were tastefully decorated, and the menu was elaborate.

The opening toast was "cold water," to which Dr. Paul F. Eve responded in appropriate vein. Senator Jesse W. Sparks responded in his own peculiar and humorous style to "The Spark of Life." (We regret that we cannot give an illustration of Jesse's hog.) Dr. A. A. Allison arose to the toast: The Alumni of Medical Department, and spoke entertainingly for five minutes. Dr. A. H. Edwards honored "the medical class of '89" in a brief, glowing tribute, and Dr. C. H. Alexander was equally happy in his allusions to the Dental Class of '89. Dr. W. M. Bumpas, a chivalrous son of Virginia, and an Alumnus, voiced his admiration of Woman in eloquent terms. Dr. W. M. Vertrees did himself credit in the response to the toast, Medical Ethics; and Dr. J. S. Cain made a pronounced hit in a commentary upon The Occasion. Handsome Dr. R. B. Lees drew applause in describing Progressive Dentistry. George H. Armistead, of the *American*, responded to the Toast of the Press, and Hon. Joe Harris drew

an admirable picture of The Future. Prof. C. W. Dabney responded in happy style to the toast: "The University of Tennessee; Though older than the State, and gray with age, it but begins to live." Gen. W. G. Brien, as master of ceremonies, bade the guests good-bye, in a toast of that eloquence and choice diction for which he is so well known. The occasion was now at an end; farewells were spoken, and the scholastic year was ended.

REGULATION OF THE PRACTICE OF MEDICINE BY LEGISLATIVE ENACTMENT.

This subject has been claiming some attention on the part of our lawmakers. There are a few reputable members of the profession in the State who, influenced by a misguided judgment, or not having given the subject that consideration its importance merits, believe that a grand medical Utopia can be developed by legislative authority. Medicine is an old, reputable, and beneficent science and art—but it is not exact, nor may it ever be. It has done much good in its time, and is capable of much more, if honestly advocated and correctly sustained. The advancement of medicine must come from its disciples. From those who, interested in its behalf and devoted to its almost divine precepts, are giving their earnest labors, honest efforts, and the unremitting energies of a life-time to its study. These men need no more State or national aid than their brethren of the bar, the bench, or the pulpit.

America can to this day boast—aye, and to a purpose, has demonstrated beyond peradventure, the beneficence of Freedom in Religion—any one can follow the divine precepts after, and according to the instigations of his own heart. Legislative enactment has been a failure, or a farce, in prescribing who shall practice law, and our Constitution, God be praised, leaves it to the people, individually, to say who shall sit upon the bench. The judicial ermine is no more stained by legislative enactments as to shall as to shall wear it, than sacerdotal cloth.

In our last number, one of the editors of this journal, (his colleague having been led astray, or having his well-known wise and judicious vision o'ercome by a passing shadow, giving his adhesion to a false but apparently plausible theory), saw fit to publish an article on the

subject as headed above. This he did, over his own signature, and in the original communications of that number, out of respect to his mistaken colleague.

So much by way of preface.

In this number of the Journal will be found an article of Dr. Morris, of this State. We give it in full, and, seeing that he fails to answer a single argument of ours, other than by simple assertion, unsustained by facts, as all his other misguided brethren are compelled to do, we pass it by without comment. Our readers can judge for themselves.

Since our February number was issued we have received numerous—yes, hundreds—of communications from Tennessee and other States, which we have on file, and shall ever cherish: approving and endorsing our course in most commendable, and more than complimentary terms. We wish that we had space for the reproduction of every one, but must limit ourselves to a few extracts and communications from men who have been most prominent in the field of medical literature. Our other communications are from as good men and true—true to professional pride, true to professional integrity and honor; but have been more modest in giving their views to the public.

The first communication we place before our readers is from one of the first graduates of the Medical Department of the University of Nashville—now ripe in years and wisdom, passing into the glorious shadow of a most hopeful future, spending the evening of his days on the bright and sunny Pacific slope. That he is a true and honest follower of the Great Physician, the members of the Cumberland Presbyterian Church in Southern California, to whom he has ministered at the bedside, at the baptismal font, at the matrimonial altar, in the pulpit, and at the grave can well establish, aye, beyond the shadow of a doubt. His facile pen has also graced these pages, and although he is now approaching his “three score and ten,” we hope that he may yet live many years, to gratify our many readers with an occasional contribution. His communication is as follows:

STOCKTON, CAL., Feb. 9, 1889.

DEAR DOCTOR ROBERTS: Your article on the “Control of Medicine by Law” in February number of PRACTITIONER meets my hearty approval. If medicine is not strong enough to stand on its own legs, then it is not worth an honest man’s attention. So of religion. If it cannot accomplish its mission without being bolstered up by law, it is a failure, and the Lord will have to reveal some other method of

saving mankind. When you touch either by law you cripple and degrade them. We have been living under a medical law in his State for the last fifteen years, the tendency of which has been to lower medicine to the meanest trade. The law legalizes the "isms" and has been a bonanza to the quacks. If refused a certificate, or driven out of the regular profession, he simply turns to the Boards of "isms," and gets a certificate from some one of them, which, in law, places him on equal footing. The effect of the law has only been to legalize quacks; and humiliates, degrades and cripples true medicine.

S. P. CRAWFORD, M. D.

J. S. Nowlin, M. D., who occupied for some time, and filled most acceptably the Chair of Gynecology in the Medical Department of our State University, in a communication addressed to Deering J. Roberts, M. D., dated Shelbyville, Tenn., February 6th, has the following paragraph:

"I thank you for that incisive and unanswerable argument against legislative elevation, so-called."

He is not only a physician of eminence, but was a delegate to the last General Assembly of his church held in Texas last spring. He loves his fellow-man.

From a communication dated February 19, 1889, addressed as above, and signed by Dr. E. H. Bratton, of La Fayette, we make this extract:

"I note with pride that you maintain the exalted idea in regard to medical legislation as you always have on every occasion when you had an opportunity to express it. I was proud to see your reference to that grand old man 'W. K. B.'"

A letter from Dr. W. J. Fitzsimmons, a relative of the illustrious and ever to be lamented Paul F. Eve, dated February 8, 1889, has the following:

"Your article on medical legislation has the right ring. 'Hit 'em again,' as nobody wants such a law except a lot of charlatans, who are trying to have themselves legislated up to a point that they know they cannot reach by merit."

Shall we go further—no, we forbear. Yet we will give an extract from *The Minnesota Medical Journal*, of February 1889. It is headed:

"*Rough on State Boards.*—The following letter was received lately by the St. Louis College of Physicians and Surgeons, which refused to accede to the request contained in it. If the allegations contained in

this remarkable epistle are true, it places the State Boards of Illinois, Arkansas and Kansas in a rather ludicrous situation, to say the least. We reproduce the letter *verbatim et literatim*. It reads as follows:

topeka Kansas Dec 11th 88

Deare sir

I have Ben in the fild Doctern 35 years next April 1889 I attended one full course of lectures in cleveland ohio 1855 6 I was out in armye three years from Illinois I have three states Certificates one from Illinois one frome Arkanos [Arkansas] one frome Kansas I have a certificate as Registered Pharmacist in topeka the Board Put 28 hurdred questions to me I can Prove all of this to you Bysworn testimoney

I can send send all of my papers to you if you dough [doubt] my statement I think some school would have the Right to Bass on me one Degree I can not leave to attend your school I have so much on hand at this time If I am not worthy of a degree all Right

yours fraternly

The signature, out of compassion for the writer, or the "State Boards," who are protecting him, is omitted.

We could give from our letter files more than one communication from *licensed doctors* of both Illinois and Alabama, of similar orthography and literary excellence. But professional communications are sacred. We have them, all the same, on file, and they can be seen, their date, their post-mark, and date of reception, less than twelve months since; but not the signatures. While some of the journals of this country are in favor of this iniquity, we have seen but one notice of the original communication that appeared in the pages of the SOUTHERN PRACTITIONER for February, and that was from a most excellent, but the most juvenile of our exchanges—*The Alabama Medical and Surgical Age*. In the February number of this journal is given our article in full as an *original communication*. It should have been credited to THE SOUTHERN PRACTITIONER, and not its editor. We would say to Dr. LeGrand, the editor of the *Alabama Medical and Surgical Age*, that he has living in Anniston, among its most representative and worthy citizens, relatives of the illustrious Thomas H. Huxley, of England, who has placed himself well on record on the lines we occupy—although living in England, where are the most stringent laws known on this subject. Prof. Huxley has seen the inefficiency of such laws, their futility, and has spoken in no unmistakable terms in regard to their fallacy.

We thought we had about concluded our article, but we will quote

once again, this time from the *Nashville Daily Evening Banner*, of date Feb. 27, fresh and damp from the press, thrown into our office door as we were about coming to a conclusion—by inserting the following paragraph alluding to the Medical Legislative Bill on its last passage—its last legs—its third and last reading, in the Tennessee State Senate. The extract is as follows:

"The bill was rejected by a vote of 12 for, and 16 against."

"Set it to music," Bro. LeGrand, "*and send it broadcast over the land.*"

JOHN CALL DALTON, M. D., LL. D., died on Tuesday, February 12th ult., at his home in New York, at the age of sixty-four. For a number of months Dr. Dalton had been seriously out of health, being affected with renal disease, but his death was unexpected by most of those who knew him.

Dr. Dalton was born at Chelmsford, Mass., in 1825. He received both his academic and his medical education at Harvard University, being graduated in medicine in 1847. Early in his career he was appointed Professor of Physiology in the Medical Department of the University of Buffalo. In 1854 he accepted a similar appointment in the Medical Department of the University of Vermont. Five years afterward he was appointed Professor of Physiology in the Long Island College Hospital. In 1861 he entered the United States service as surgeon of a New York regiment, and afterwards served as surgeon of volunteers almost until the close of the war. In the meantime he had been made Professor of Physiology in the College of Physicians and Surgeons. He continued to occupy this chair until 1883. He was made President of the Faculty in 1884, and continued to be its President until the time of his death.

OBITUARY: Dr. J. K. Bryant died in this city Thursday morning, February 14th ult., at 10 o'clock. Dr. Bryant was a graduate of the Dental Department of the University of Tennessee two years ago. About a year since Dr. Bryant moved from his native city, Scottsville, Ky., to Nashville, where he has since resided, engaged in the practice of his profession. He was a painstaking and worthy member of the profession and was rapidly advancing in it. His many friends will be pained to learn of his death.

He was elected as one of the demonstrators of the Department of Dentistry in the university, which position he has filled with ability and with great satisfaction to the faculty and students.

His remains were taken to the home of his parents at Scottsville, where his body was interred.

A meeting of the faculty and students of the Medical and Dental Departments of the University of Tennessee was held on the day following, presided over by Prof. J. S. Cain, M. D., and appropriate resolutions of respect for the deceased were adopted. Two members of the class were appointed to accompany the remains to Scottsville.

UTERINE STYPTIC.—John Adderley, M. D., Skibbereen, County Cork, Ireland, says: It gives me great pleasure to add my testimony to the great value of S. H. Kennedy's Extract of *Pinus Canadensis*, which I consider a most valuable uterine styptic, seeming not only to possess the power of arresting uterine hæmorrhage, but also to produce a healthy action of the parts. I used it with a patient who had been suffering for a number of years from menorrhagia, depending upon ulceration of the os and cervix uteri, with whom I had tried all other remedies for menorrhagia, lasting during a period of five months almost without intermission. Extract of *Pinus Canadensis* applied to the os uteri on cotton wool, and also used as a lotion, arrested the hemorrhage immediately, and the Aletris Cordial, which was taken internally, helped to invigorate the system and promote a cure which I at one time considered incurable. I should not wish to be without these remedies in similar cases, and shall continue the use of them in my practice, as I consider they gave most satisfactory results.

LEGISLATION TO PROTECT MEDICINE.—If our Legislators wish to do justice to the Medical men of this State, let them pass an enactment including the following important points:

1. In all suits for mal-practice or damages, require the plaintiff to give an ample security for the payment of all costs.
2. Whenever a verdict of acquittal is rendered, the plaintiff shall pay all costs, with attorney's fee of defendant, and reasonable compensation to defendant for loss of time in attending the suit.
3. It shall be a felony, for any attorney at law to bring or conduct

any mal-practice suit for a contingent fee, or on any understanding expressed or implied, that he is to receive any portion or part of the damages recovered, as compensation for his services.

GLYCERINE SUPPOSITORIES.—Glycerine by Enema is an established fact as a laxative, and mild but certain cathartic. But as the syringe may not be at hand on all occasions, nor the adjuvants necessary, it may be "incomatible." But as we live we learn. As the demand is made so is it met, is an American maxim—also a well established principle by Parke, Davis & Co., of Detroit, Mich., who have prepared a "Glycerine Suppository" that is a luxury as well as a necessity. It does all that has been claimed for $C^6 H^1 O^5 + H O$, or Glycerine by Enema. They are beautifully prepared, and are easy of introduction. Write a postal card to P., D & Co. for special particulars.

WELCOME.—Messrs. J. B. Lippincott & Company announce to the profession the publication of a "Cyclopædia of the Diseases of Children, medical and surgical, by American, British, and Canadian authors, edited by John M. Keating, M. D., in four imperial octavo volumes, to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

MUTROLACTIS—Send to Roseberry Mutrolactis Company, 18 Cortlandt street, New York, for sample bottle of this preparation, which will be sent you by express, you paying express charges only. Dr. E. L. Angus, of Clarksville, Tenn., says: "Mutrolactis has proved to be the best galactagogue. I am having marvellous success with it."

PERSONAL: JOHN J. MUCHERON, M. D.—We regret to learn that this able and incisive writer has retired from the editorial chair of *The Medical Age*. He is succeeded by B. W. Palmer, A. M., M. D., who will have to stir himself in order to keep the future *Age* on the same high plane of excellence as the past.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports of cures effected at the clinics of the Universities of Bonn and Griefswald.

HAVE used Tongaline for Neuralgia with excellent results. Julian S. Patterson, M. D., Middlesex, Cumberland County, Pa.

KATHARMON. — I have used Katharmon in the treatment of two cases of catarrh and it has done good work. I like it better than any remedy I have ever used in the treatment of such cases. Dr. C. A. Rice, Superintendent E. Miss, Insane Asylum.

HANDY TO AMUSEMENTS AND SHOPPING. — When in New York stop at the Sturtevant House, Broadway, corner 29th street; it is finely furnished and the prices are reasonable. You won't regret it. Matthews & Pierson, Props. — *Bulletin*.

SUBSCRIBE TO THE SOUTHERN PRACTITIONER — only one dollar a year, and get your money's worth.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuae, but a hydro pancreated preparation, containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases. Lautenbach's researches on the functions of the liver show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus, and purulent matters into the general circulation. Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in results.

MESSRS. R. A. ROBINSON & CO., "Manufacturing Chemists and Pharmacists," of Louisville, Ky., have an advertisement in this issue, to which we desire to call especial attention. This house was established in 1842, and has ever maintained and sustained a character of the best. Their business has become of great magnitude, yet they are as scrupulously careful with the smallest order as with the largest. They offer to the profession a series of articles of their own manufacture, which we know from repeated trials to be all they claim. Their Hypophosphites, Wine of Coca, Elixir of Lime Juice and Pepsin, and Phosphoric Elixir, will be found as represented. They invite a trial of their preparations. Try them and you will not be disappointed.

LISTERINE. — We have often had occasion to speak of this very valuable preparation. It comes nearer a perfect antiseptic than ever be-

fore offered to the Medical or Dental professions. It is antiseptic, prophylactic, non-toxic, non-irritant, and one of the most reliable and satisfactory surgical dressings we have ever tried. Send for Lambert & Co.'s new formula book and try Listerine in any of the morbid conditions for which it is recommended, and you will never regret it. "Lithiated Hydrangea" is also manufactured by Lambert & Co. Formula will be found on first advertising page following reading matter. See advertisement and read it. Try these preparations and you will not be disappointed.

TROMMER EXTRACT OF MALT CO., has an advertisement that will bear a careful reading. They guarantee uniformity of strength and purity of their Extract, and are engaged exclusively in its manufacture, producing one quality only—"the best." The Trommer Company was the first to undertake the manufacture of Malt Extract in America, and the first in any country to employ improved processes in its preparation, with the object of preserving unimpaired all the soluble constituents of carefully malted barley of the best quality, including especially the important nitrogenous bodies which possess the power to digest starchy food.

KALINE COMPOUND PILL, a proprietary preparation, put up and manufactured by Messrs. Handly, White & Co., of this city, is growing in popularity with astonishing rapidity. For clinical results with this preparation, we desire to refer our readers to preceding numbers of this journal, which can be had on application to Messrs. Handly, White & Co., Clark and Market streets, Nashville, Tenn.

FELLOWS' HYPO-PHOSPHITES (Syr. Hopophos: Comp: Fellows), contains the Essential Elements to the Animal Organization—Potash and Lime; the Oxydizing Agents—Iron and Manganese; the Tonics—Quinine and Strychnine; and the vitalizing Constituents—Phosphorus, combined in the form of Syrup, with slight alkaline reaction.

THE NEW YORK PHARMACAL ASSOCIATION are still manufacturing their standard preparation of Lactopeptine, which has been tested, and is recommended by many of the leading medical men of America. Prof. Attfield considers it a most valuable digesting agent. We have made repeated trials of it, and it has never disappointed us.

H. PLANTEN & SON, 224 William street, New York, manufacture hard and soft capsules, empty and filled, which can be ordered by mail. No further necessity of trouble in regard to nauseous or disagreeable drugs. What a boon they have conferred upon humanity cannot be estimated.

CONTENTS FOR MARCH, 1889.

ORIGINAL COMMUNICATIONS:—

Charge to the Graduating Classes of the Medical and Dental Departments of the University of Tennessee, by W. E. McCampbell, A. M., M. D	99
Regulating the Practice of Medicine by Law, by G. W. Mor- ris, M. D	103
Albuminuria of Pregnancy, by M. D. Denman, M. D.. . .	106
Treatment of Eczema of Squamosum, by J. N. Smith, M. D.	109

SELECTIONS:—

A Live Subject—Quarantine Conference—Circular Letter. .	110
Strychnine as an Antidote in Narcotic Poisoning	112
Dysmenorrhea, Rapid Dilatation of the Cervix.	115
Eschscholtzia Californica—A Substitute for Morphine . . .	117
American Educational Journalism.	119
Sulphonal—The New Hypnotic.	122
Skin Diseases in the Negro.	123
To Blister the Skin Quickly	124
Gargle to Prevent Loosening of the Teeth	124
We Are What We Eat	125
Selected Items.	125

EDITORIALS REVIEWS, ETC.:—

Fourteenth Annual Commencement—Medical and Dental Departments of the University of Tennessee	126
Regulation of the Practice of Medicine by Legislative Enact- ment.	131
John Call Dalton, M. D., LL. D.	135
Obituary	135
Uterine Styptic.	136
Legislation to Protect Medicine.	136
Glycerine Suppositories	137
Welcome.	137
Nutrolactis	137
Personal	137
Medical Items.	137
Katharmon	138
Handy to Amusements and Shopping	138
Advertising Notices.	138

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No. 4.

Original Communications.



BY S. P. CRAWFORD, A. M., M. D., OF STOCKTON, CAL.

It is customary for writers or speakers to choose some subject or heading, and then draw out the threads of their discourse or essay from that subject or heading. I shall make an innovation upon that custom at this time and reverse the order, letting the threads of my essay merge into a heading at the end of the chapter. Just—

“How the subject theme may gang,
Let time and chance determine;
Perhaps it may turn out a sang,
Mayhap turn out a sermon.”

Fifty years ago, when I was a boy, things were not as they are now. It is true that there were boys and girls then as now, with habits and instincts much the same. The young lady then (for there were young ladies then as now), that was fortunate enough

to have a calico dress to go to meeting in (we call it going to church now), and a figured cotton handkerchief, with Leghorn bonnet, would toss her head in disdain at her less fortunate sisters who could afford nothing better than linsey-woolsey dresses and sun-bonnets of home making. And the young man in that day, that was fortunate enough to possess a pair of store shoes and a rabbit fur hat, was just as self-important as the modern dude with his cut-away coat and all other store clothes. The dude of fifty years ago, in his brogans and fur hat, looked down with contempt upon his less fortunate neighbor boy, who could afford nothing better than a wool hat, clop-down shoes and tow breeches. The young lady in that day was just airy and as bewitching in her calico dress, running the young men as crazy as her modern sisters of to-day in their jewels, silks and furbelows. Human nature is the same; the change is only in externals. The instincts, ambitions, loves, hatred and desires are the same in all ages. The rural school-house in that day is well worth preserving on canvas or in history. It was built of logs, the cracks being filled with mortar made of clay and straw. It was seated with unbacked benches made of undressed slabs. It was lighted on two sides by taking out a log the whole length of the building, nailing slats across the opening, to which paper was pasted and oiled to make it tough and more translucent. The fireplace took one-half of the end of the building. Its jambs and back-wall were made of rough stones and mortar, and its chimney of wood and clay.

It was in such a building that the writer first learned to read about the "old man who found a rude boy on one of his apple trees stealing apples." Children had no arms full of books to "tote" to school. One book was all that parents could afford to their children. I have known as many as two and three get their lessons out of the same book, their heads together studying at the same time, or taking it in turns. The school boy of that day was just the same lazy urchin of to-day. And the school master (we call him teacher now), presided with as much dignity and importance in his humble phrontistery as does his modern successor with all his new-fangled facilities.

From these humble beginnings went forth talent that has climbed to the highest position within the gift of the people or the world of letters.

There were no railroads in those days in all the West. Steam was only in its swaddling clothes. The old stage coach, that has now been relegated to the outskirts of civilization and almost forgotten, was the great *sine qua non* of the day. The sound of the stage-driver's horn was electrifying, thrilling and weird, as it re-echoed from hill to hill, setting all the dogs to howling and all the boys to running. Many a time I have dropped my hoe in the middle of the cornfield and ran like a scared rabbit to the road to see the stage go by. How I admired the painted coach and the trappings of the horses, and envied the driver as he gave a few notes of "Yankee Doodle" from his brass horn. The coming in of the stage always collected a crowd just as the coming in of the cars do now. The stage was the only means of fast travel in those days. Six miles an hour was fast time. Stage fare was 6½ cents a mile, and one was fortunate if, in muddy weather, he did not have to get out at the foot of every hill, and carry a fence-rail to help prize the coach out of the mud. I have paid such fare, and had to walk half the distance up hill in rainy weather, toting a rail on my shoulders.

Postage on letters in those days ranged from 6½ cents to 25 cents, owing to distance, for single sheets. If double sheets, double postage. Postage was not prepaid, but collected from the office from the person to whom the letter was sent. I fancy our postmasters would have a lively time of it now, if they had to collect postage as they delivered letters. Those of us whose names come in the X. Y. Z.'s would have to camp out around the office for six to eight weeks awaiting our turn.

The therapia of those days kept abreast of the times. The bellyache (we call it *dolores intestinorum* now), was cured by pukes of lobelia or polk-root, that made us so sick that the bellyache was happiness to it. Worms were expelled by vinegar off of rusty nails, or copperas water. Butternut or polk-root were the favorite parges, and "boneset" the universal febrifuge. These were some of the domestic remedies. The doctors carried big

saddle-bags holding about a peck in each end. These were stuffed until they stuck out like a peddler's pannier, with bottles, and herbs, and roots, pewter syringes, tooth "twisters," and forceps.

The doctors in those days meant business. They could make a man sicker, and come nearer turning him inside out, *and keep life in him*, than any modern son of Æsculapius would dare to attempt. Now, all the doctors carry are little morocco cases in their side-pockets, and hypodermic syringes. The doctor of olden times, in my beat, was clad in homespun, booted, spurred and leggoned, and, in cold weather, with a caped great coat that came to his heels. He could not visit many cases in a day, for he had his medicines to prepare for administration, in decoctions or syrups after he got to his patient. He generally stayed until he bled, puked and purged his patient. The doctors now flit in and out of the sick chamber like butterflies, clad in broadcloth, kid gloves, and French calf boots. Taking from his side-pocket his case of pellets, after ungloving one hand and feeling the pulse, adjusting his glasses and looking at the tongue, he leaves a few of them to be given; or writes a prescription, and is gone. The old-time doctor knew every article of medicine by taste or smell. The modern doctor, but for the labels, would not know what they were. The old-timer could no more decipher a modern prescription than he could read bird tracks in snow.

When railroads and telegraphs were first talked about, the wonder element in me rose as big as a meeting-house. My verdant mind was prepared to believe the stories of Sinbad the Sailor, of Aladin's Lamp, the Enchanted Horse, and the Roc that carried Sinbad and dropped him over in that valley of diamonds; but the idea of a wagon running from place to place without horses; or that we could send messages to distant cities through a streak of lightning, was utterly inconceivable. The young were a gaping crowd of bewildered boobies. The old were a frowning crowd of indignant fossils, who declared such schemes impracticable and the mere dreams of cranks.

Time grew on apace. The Atlantic seaboard and our Western waters began to be studded with steam vessels, and the track of the iron horse began to reach away through long stretches of

country connecting distant cities. Soon it was announced that Baltimore and Washington were connected by telegraph, and that the people could actually talk to one another a distance of forty miles. "Clay and Frelinghuysen nominated; convention adjourned," was the first message that ever went over the wires, which was sent at the adjournment of the Whig Convention that met in Baltimore in 1844. This message reached Washington two hours in advance of the train, and astonished the delegates no little when they got to Washington on the iron horse, which then took two hours to make the trip, to find that the news had been two hours ahead of them. It took the wind out of the sails of the delegates, who thought they were the first to bring the news of the action of the Convention, to find the story told by telegraph.

When I first heard this news the wonder element in me swelled well-nigh to the bursting point. "And still I gazed and still the wonder grew," and, in fact, it is growing yet. I had not yet arrived at manhood—was only a good-sized hulk of a boy—when the iron horse, that everybody thought was barred by the Appalachian chain, came thundering through the mountains, and snorting down the valley, with the tread of an earthquake in close proximity to the old homestead.

So wonderfully rapid were seemingly impossibilities taking place that they nearly knocked the breath out of me. When I gazed on that iron horse as he sped down the valley, scattering his foam on the impending woods, I said to myself, "I'll let nothing astonish me hereafter. It is possible for events to arise in the future that are not yet born in our most visionary conceptions." Thus far I have glanced at the past, and only that past that has come under my observation.

What of the present? I shall only glance at it to enable me to track out a few possibilities that may arise in the boundless and unexplored wilderness of the future.

I do not care to be outstripped again, or made a booby a second time, but propose to tuck up my mantle and trot along by the side of the chariot of future possibilities.

The old tallow candle and oil lamps have long ago been rele-

gated to the shades of oblivion. Gas and electricity have taken their places. The moving power of the industries of the world is steam. Our railroads now encircle the continent and radiate from center to periphery—the ocean is decked with steam habitations. Steam has conquered the world and is the civilizer of nations. It has sung the funeral knell of the Indians on our plains, and of all the inferior races of the earth. They must get up and dust themselves or be trampled beneath its giant tread. It is but a question of time, and that no æons of years, before the world will be brought so near together that all nations will be practically one nation. The telegraph now encircles the globe, and the telephone is making rapid strides in the same direction. Less than a quarter of a century ago it took six months to cross our plains. Now we make the trip in four days. It almost takes one's breath to grasp the changes from fifty years to now. We live in an age of discovery and invention, such as never before dawned upon the world. Astonishment and incredulity no longer bewilder or fetter the mind. The world now stands on tip-toe in anticipation of coming events. And there is room yet for events as astonishing to the coming ages as the present are to the past. "Coming events cast their shadows before." I see through the mist of the morning the time when we will talk to our neighbors across the Atlantic as easy as across the way. While our breakfast is getting ready we may read the news from all the world, talk with the Autocrat of Russia, and inquire into the health of Her Majesty Queen Victoria, and know what our neighbors on the other side of the sea had for breakfast. Whether the President of these United States and our members of Congress have, that morning, taken their whisky straight or sugar in it; whether Mrs. McKay was full-jeweled at last night's reception in Paris. Some inventive genius will take out a patent for bottling up and storing away all the waste sunshine that nature so lavishly furnishes us. Why not? Our wood and coal are but locked up sunshine. Some enterprising Yankee will improve upon the method and make his fortune selling sunshine. Wood, and coal, and gas will be set aside, and sunshine will be brought out and used when needed for heat and light.

The power of all the Niagaras, and waterfalls of the earth, that have been going to waste all these ages, will be converted into electricity, and steam and the old lumbering cars will be relegated to where the old stage coach now is. Electricity will be the moving power of all the industries of the world. Guided by the hand of man, it will plan and sow, and reap and thresh. About this time men will begin to fly. I do not mean that they will evolve wings after the Darwinian theory, but will sail in ships in the circumambient air, propelled by the natural element of the clouds—electricity. The exploration of the bottom of the sea will be a thing of fact, and the treasures of the deep will be uncovered, and men will go prospecting and mining in sub-aqueous regions; bonanzas will be discovered, and Floods and Fairs and mining stocks will be then as now. Greed is destined to gnaw at a man's vitals, and he will never be satisfied until he has a world all to himself, and he will be found reaching out after the star-dust, out of which worlds are made, and trying to make one of his own. Some soulless syndicate will be among the first to straddle the lightning when it is first harnessed for the race in life, and go nosing among the clouds to find out where the thunder is made, and they may create a corner in that commodity.

What about disease? Well, so long as the butcher is allowed to feed us on meat that died before it was killed, bacteria will luxuriate in our bowels, and microbes will gnaw holes in our midriffs, and quacks will fatten on our misfortunes, then as now.

This brings the threads of our article to a heading, which, the reader will see, is

WHAT HAS BEEN, IS, AND IS TO COME.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports of cures effected at the clinics of the Universities of Bonn and Griefswald.

WORTH REMEMBERING.—Matthews & Pierson are the popular proprietors of the Sturtevant House, Broadway cor. 29th street, N. Y. It is one of the best in the city and a home-like, central place to stop.
—*News*.

VALEDICTORY ADDRESS AT THE ANNUAL COMMENCEMENT OF THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE.

BY J. B. POYNOR OF NASHVILLE, TENN.

GENTLEMAN OF THE FACULTY, FELLOW STUDENTS, LADIES AND GENTLEMEN: I know not whether this occasion brings with it more of pleasure or of pain, more of sorrow or of joy. There is joy in the thought that to-night we receive these lasting testimonials of our faithful work here, but the heart is heavy with the weight of responsibility they bring; there is joy that to-morrow's sun will find many of us speeding toward our distant homes to those who are waiting to welcome us; there is sorrow that it breaks up a companionship that has grown so interesting in all its features, and separates friends far and wide; there is joy that we begin life anew for ourselves, there is sorrow that we drift from under the faithful guardianship of those who have been so long leading us.

For months we have been associated as students, friends, companions, brothers—an association elevating in influence, happy in effects, harmonious; an association unalloyed with bitter passion, unsullied by shameful deeds and unmingled with sorrow, save in the loss of that brightest, most brilliant, most promising of our alumni, Dr. H. M. Snyder.

We have been following step by step, climbing round by round, up and up to where these, our teachers, professors, faithful guides, have seen fit to lead us. But to-night the scene changes; life assumes a new and different phase. We must now take the lead. Taking up the unfinished work, we must add the finishing touches; starting in the direction they have pointed, we must open the way; using the golden threads they have furnished, we must weave the web and fashion the design; traveling in the path they

have shown us, we must follow its intricate windings ; using the materials they have given us, we must be the architects ; building upon the foundation they have laid, we must erect the edifice and mark out its proportions ; watching with tender care the seed they have sown, we must cultivate till we reap the harvest.

Dropping a buoy here and there, they have shown us where the treacherous rocks lie hidden just beneath the surface ; planting a signal post at safe intervals, they have shown us where danger lies ; bringing before us the lives of those eminent in the profession, they have shown us the pitfalls into which many have tumbled, and warned us of the breakers upon which the hopes of so many have been wrecked. Gathering information from every source, brushing the dust from the dim and musty volumes of ages past, culling all that is good from the bright, fresh pages of the present, giving us the truths gathered from a life-long experience and study, they have brought a world of treasure and laid it at our feet. Shall we not store up these truths ? Shall we not eat of the fruit that hangs in such rich profusion around us ? Their success as physicians and teachers stands as a brazen monument, proving the correctness of their views and the truths of their teaching.

Starting from to-night each is marking out his course for the future ; each has his dream ; each is building his air castles ; each is painting his picture. But remember after each dream there is an awaking ; air castles are built but to fall, and pictures are easily spoiled.

Some, taking the tide at its flood, will glide easily on to fame and fortune. Fortune, with plenteous hand, will smile favorably upon some, while others must meet her darkening frown. Some may step easily upon the high plane of success, while others must be content to delve for awhile in humbler levels. Some may realize their brightest anticipations, while bitter disappointments await others, for the road to success is often rugged, and the hills to climb are steep and slippery. Life is not all sunshine, nor is it all shadow. It has its bitters and it has its sweets ; it has its successes and it has its failures. High up the ladder of fame many have climbed, realizing their loftiest aims and brightest

dreams, and nailing success to its topmost round ; but at its foot, in one vast heap lie withered hopes, dead ambitions and blighted lives. The tender buds of hope may be blighted by death's icy fingers ere they blossom into a beautiful reality ; some may faint ere the goal is won. But with determined hearts, ready for any emergency, let each push bravely on. "Where there is a will there is a way. This way may be long hidden from sight, hard to find, thorny to travel, beset with quagmires and boulders, long and wearisome, seemingly endless, but on it the traveler goes with unshaken resolution to success at last."

Those men whose minds have soared to the sublimest heights, penetrated to the deeper depths, and swept the widest scope in science, have toiled under difficulties almost insurmountable, meeting opposition from every source ; harrassed by poverty, deserted by friends and persecuted by enemies. The history of the brightest lights of to-day and of ages past is but a history of trials, hardships and disappointments. Demosthenes, inheriting a feeble constitution, afflicted with lisping tongue and shortness of breath, by incredible force of will overcame these impediments, till startled by the enrapturing eloquence of his voice, the mighty forms of the departed seemed to rise before him, the illustrious dead started from their tombs, and the populace swayed and swung in his presence like forest trees in a storm. Napoleon, poor, meeting with ill luck, unfortunate, exclaimed in the madness of despair, that life was but a flimsy dream. Yet he never gave up, but seized every opportunity to advance himself, climbed the Alps, swept like a cyclone down on the startled inhabitants below, won glorious victory after victory, till the thunders of his cannon shook the world, and nations trembled at the mention of his name. Franklin, half-starved, half-clothed, driven from home by brother, forgotten by father, walked the streets of Philadelphia penniless and poor ; yet with an energy that could not be crushed, with a brain that knew no limits, his mind floated with the currents of the ocean, soared aloft, leaped with the lightnings from cloud to cloud, and held communion with the stars. Edward Jenner, oppressed, battling against the most bitter opposition, when he announced his wonderful discovery of

vaccination, was hooted at by the learned of his time, frowned down upon by the medical profession, and hounded by the clergy. Yet with dauntless courage, indomitable will, he pushed his investigations, demonstrated the truth of his assertions, and to-day the world owes him a debt of gratitude. Even the Savior himself trod the lowly walks of life, friendless and homeless; born in a manger, dying upon the cross; yet to-day a million towering spires, rearing their lofty peaks to the skies, stand as sentinels, glistening in the starlight, pointing the benighted traveler to a home beyond the stars, and a world of voices in one rapturous song sing his praise.

Thus, profiting by these examples, we too, may rise to eminence. We are engaged in the study of the grandest, broadest, deepest science of all; the science of life, the relief of human suffering, the science of medicine. Its broad field is unexplored. There is room for all; there are avenues by which all may enter. We are but in the starlight of its glory. No one brain can comprehend its scope. In its unbounded area the mind may wander forever and ever through unknown lands, revel for endless ages mid unseen beauties, hold converse with the God of nature, vainly, madly seeking some explanation of its deeply hidden, securely sealed mysteries, the answers to which nothing but eternity itself will ever unfold. Its depths have never been fathomed, its heights and brilliancy are veiled by the clouds, its broad expanse is immeasurable. Deep down its fathomless depths pearls of untold beauty lie, waiting the dauntless diver. Stars, just beyond the clouds, shedding light upon all its mysteries, are inviting the searching gaze of some eager astronomer. Shut out from our view, just where the blue horizon drops its curtain, lies a land of unknown grandeur, waiting the adventurous explorer. Sparkling within its secret vaults gems of marvelous brilliancy lie, waiting him who will but fashion the key that unlocks its hidden labyrinths.

Will not one from this, the class of 1888-89, add his pearl? Give to the world the light of a brighter star? Explore some unknown land? Lay open the wealth of some mysterious vault? I know we will. No matter what trials we meet, we will face

them; no matter what difficulties oppose us, we will overcome them; no matter how dark the night, we will penetrate its gloom; no matter how hard the storm pelts in our faces, we will never turn our backs. We have characters to build, the reputations of these, our teachers, to sustain; and looking into their faces, bright, intellectual, proud, patient, kind, remembering their unswerving attention to duty, faithful work, enobling examples and tender watchfulness, we cannot but resolve for honest purposes, lofty aspirations and noble ends.

Our alma mater has never sent out a son she was ashamed to own, a graduate that was not an honor, a representative that was not a pride, and it will not be ours to dim her glory; it will not be ours to tarnish her unblemished reputation; it will not be ours to cast one stain upon her brilliant career.

Back to her honored founders, memory ever reverts with pride; back to these, her present standard bearers, our thoughts will ever wander with pleasure; back in her sacred halls will our fairest dreams and sweetest meditations ever associate us together.

We will soon seek different fields of labor, but for a nobler, broader, grander work; we separate, but ties of friendship formed here will ever bind us together; we part, but distance only paints each face the brighter, and our memories, keeping company, will ever hold sweet converse with each other.

But we cannot leave Nashville, Tennessee's proud capital, the boasted city of culture, art, science and beauty of the South; the city which gave birth to, and reared our alma mater; whose institutions of learning crown every hill, and within whose confines lie the remains of such illustrious dead as Polk—We cannot leave these without some lingering regrets. We cannot leave these, her people, who have on all occasions accorded us a generous presence; whose ladies have always met us with their brightest faces and sweetest smiles—we cannot leave these with our hearts untouched with sorrow. We left our homes, we found new ones here; we left friends, we found them here; we came reluctant, we leave reluctant.

Correspondence.

CORRESPONDENCE.

AUSTIN, TEXAS, January 5, 1889.

DEAR DOCTOR EVE:—When I read that such men as Prof. Thos. Bryant, F. R. C. S., (see *Gaillard's Journal*, January, 1889, page 67–68) strongly teaches the doctrine, that *inflammation* is *ever* a *destructive*, (and never a restorative), process, I am forcibly carried back to the days of '66–'67–,68, when your grand old father stood up against the field, even to sharp words with his good friend, the learned pathologist, Prof. Joseph Jones, all of whom (about him) ridiculed this new idea. But *many* of us students, when we followed Prof. Eve through his clear, practical, common sense reasonings, in reference to pathological vs. physiological processes, were thoroughly convinced, that he was no "vaguey crank," (as some then called him); but that he uttered wise words of truth and soberness. I think it now meet and proper, that *now* honor be rendered to whom honor is due; to one who so faithfully devoted his valuable life and great mind, so disinterestedly, to advance, elevate and ornament scientific medicine and surgery.

With best wishes for you and yours, and hoping for justice for the great that sleep, I remain, yours fraternally,

Q. C. SMITH.

"PERFECT IN ALL ITS APPOINTMENTS" is what an old traveler said recently of the Sturtevant House, Broadway, cor. 29th street, N. Y. Then it's so central. American and European plans. Rooms \$1 per day and upward, with board \$3 to \$4 per day. Matthews & Pierson.

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

Selections.

AMERICAN MEDICAL ASSOCIATION. FORTIETH ANNUAL MEETING. TO BE HELD AT NEWPORT, R. I., JUNE 25. 1889. OFFICIAL NOTICE.—The Association having departed from its usual custom of convening in the chief cities, by deciding to meet the present year at a simple watering place that, despite its repute, is without certain of the resources hitherto relied upon, the Committee of Arrangements ask in advance, for the kind consideration of the multitude of physicians whom they trust soon to welcome. A fact or two in this connection may perhaps be stated. Ordinarily a great many local medical men are appointed to aid the Arrangements' Committee, and thereby the duties of each are rendered less onerous. In the present instance, of the eighteen names, fifteen comprise the sum total of the resident (regular) physicians of Newport, while the remaining three are dental practitioners. The Committee is therefore this time absolutely "of the whole." Of its number but a single one has ever been a member of the Association, or even attended a meeting. All who comprise it are, however, heartily in accord, and will do their best, trusting that their good will may make amends for their lack of previous experience.

The Committee of Arrangements is constituted as follows: Drs. C. F. Barker, M. E. Baldwin, C. A. Brackett, J. P. Curley, P. F. Curley, J. P. Donovan, H. Ecroyd, Jr., V. M. Francis, T. A. Kenefick, H. G. MacKaye, G. M. Odell, F. H. Rankin, W. C. Rives, Jr., E. P. Robinson, S. H. Sears, W. S. Sherman, H. R. Storer, and H. E. Turner, of Newport; Surgeon S. M. Horton and Assistant Surgeon R. W. Johnson, U. S. A., of Fort Adams, and Surgeons J. C. Wise, of the Torpedo Station, and T. L. Neilson, and Assistant Surgeons Arnold and Von

Wedekind, of the Naval Training School, U. S. N., *ex-officio*; and, as an Associate Committee appointed by the Rhode Island Medical Society, Drs. G. D. Hersey, W. H. Palmer and G. T. Swarts, of Providence. The Sub-Committees are:

Finance.—Drs. Rankin, MacKaye and Hersey.

Reception.—Drs. Turner and Odell.

Halls and Accommodation.—Drs. Barker and Baldwin.

Entertainment.—Drs. Sears and Kenefick.

Invitation.—Drs. Rives and Swarts.

Registration.—Drs. Ecroyd and Sherman.

Exhibits.—Drs. Brackett and Robinson.

Transportation.—Drs. P. F. Curley and Palmer.

Section Work and Programme.—The Chairman and Local Secretary.

If, as occasion may arise, correspondents will kindly address the respective heads of the Sub-Committees, it will very materially lighten the labors of the Chairman-in chief. It is probably generally understood that the titles of papers to be presented to the Sections should, in the first instance, be sent to their Chairmen. Already a large number of communications have thus been listed, and there is reason to expect that the meeting will be a peculiarly interesting one in this regard, but to ensure a hearing at all early in the Session, there should be no longer delay upon the part of contributors.

The Local Secretary appointed at Cincinnati by the Association, having in consequence of removal to another city, resigned his position, the Committee were for a while embarrassed. Dr. Valentine Mott Francis, formerly of New York, has however, consented to fill the vacancy, at the unanimous request of his colleagues. Though Dr. Francis has for some years retired from practice, he has none the less retained his interest in the profession, which in the past, was honored by those whose famous names he bears.

It was thought best, after consultation with the other officers of the Association, to postpone the date of meeting from the first to the last Tuesday (the 25th) of June, for the reasons that the chief hotel of the place would not open until that date, and that

earlier the town would not be so attractive, nor the weather as likely to be favorable.

The general Sessions will be held at the Music Hall, Bellevue Avenue, adjoining the Ocean House, and those of the Sections at the Newport Casino, also immediately contiguous, which for the first time in its history, and as an act of courtesy, is permitted by its Governors to be occupied for other than the purpose for which it was built.

The hotels are, in order of their nearness to the place of meeting, the Ocean House, the Clifton House, the Germania Hotel, Pinard's, Hartman's, the Aquidneck, Brayton's, the Kay-street House, the Perry House, the Park House, the Sherman House, the Cliff Avenue Hotel, and Bateman's. It is as yet uncertain whether there will be, by the time of meeting, a new hotel at the Newport Beach.

The meeting of the Association occurs nearly synchronously with the two hundred and fiftieth anniversary of the settlement of Newport. The city authorities will probably fittingly recognize the presence of the National Medical Convention at such a moment, the more cordially since the virtual founder of the colony, certainly its principal leader, John Clark, was a physician. It will add to the interest of the occasion that the now Mayor of the city was one of the incorporators, in 1879, of the Newport Sanitary Protective Association, and is the parent of a rapidly rising physician in New York.

The ancient name of Newport Island was "Aquidneck," or "The Isle of Peace." In view of this, it is to be hoped that the wisdom of the Association in turning away, the present year, from the mutual rivalries and the internal dissensions inseparable from the great centres of practice and of medical education, to what is virtually neutral ground, may be made manifest, and that the coming Session may prove one of the largest, most harmonious, most scientific, and best contented meetings that has yet been held.

HORATIO R. STORER, M. D.

Chairman Committee of Arrangements.

NEWPORT, R. I., Feb. 25, 1889.

USES OF BORACIC ACID.—Dr. Lebovitz, in the *Wiener med. Presse*, narrates some uses to which he has put boracic acid:

1. Boracic acid acts antiseptically. Every soldier should carry one ounce of it in his overcoat pocket, and a handkerchief cut into two triangles for necessary bandages. Simply sprinkling a wound with finely powdered boracic acid suffices to insure rapid healing. This remedy being odorless and itself absorbing all odors, the author has used it advantageously in abscesses, ulcers of the feet, caries and necrosis of the bones, and in complicated fractures.

2. In anthrax and after the incision of furuncles it acts well when applied directly to the parts. Forming furuncles should be painted several times daily with the following:

R	Boracic acid.....	} as equal parts.
	Water.....	

3. In burns, when the flesh is exposed, it is necessary to be careful with poisonous antiseptics. Boracic acid possesses the advantage of being non-poisonous. He covers the burnt surfaces with a boracic vaseline ointment in the proportion of one to five:

R	Boracic acid (finely powdered).....	20 parts.
	Glycerine.....	15 parts.

Mix, and add,

Vaseline.....	85 parts.
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M. Apply twice daily.

In severe burns, with fever, the author combated the fever by the internal administration of the following:

R	Boracic acid.....	4 parts.
	Glycerine.....	10 parts.
	Water.....	100 parts.
	Syrup of poppies.....	25 parts.

M. Sig.—A teaspoonful every two hours.

4. In skin diseases, such as pemphigus, eczema, rhagades, rupia, and scabies, the results obtained with boracic acid have been most favorable. The formula used was:

R	Boracic acid (finely powdered).....	10 parts.
	Glycerine.....	20 parts.
	Lanolin.....	80 parts.

The treatment of scabies consists in first taking a warm bath and then rubbing the affected parts with boracic-vaseline salve

(first one to two; later equal parts). The duration of this treatment averaged six days. In a case of granular conjunctivitis a cure was effected within forty-five days; a like result was obtained in some cases of pannus. Chronic scrofulous otitis is improved by lukewarm injections of concentrated boracic acid solutions; the application of boracic acid glycerine (one to ten) to stomatitis, aphthæ, or tonsillitis is followed by a curative effect.

5. For coryza:

R Boracic acid (finely powdered)..... } equal parts.
Powdered coffee..... }

Use as a snuff.

6. In some cases of chronic endometritis with leucorrhœa and sterility, the uterus was filled with powdered boracic acid, and then a boracic acid tampon applied. After removing the tampon, the cavity was irrigated with a boracic acid solution. A cure was generally effected after a three or four months' treatment, in some cases conception following.

7. In cystitis the bladder was washed out (in acute cases), with a three per cent. boracic acid solution, and in chronic cases this treatment was followed by the internal administration of from forty-five to ninety grains of boracic acid.—*Deutsche med. Wochenschrift*, January 24, 1889.

BARIUM CHLORIDE AS A CARDIAC STIMULANT.—The fact that Ringer, of London, and his compatriot, Brunton, as well as Kobert, of Dorpat, and Bary, have found barium chloride to act in much the same manner as digitalis upon the heart of the frog and higher animal, suggests its use in human medicine.

The experiments named found that it can arrest the heart of a frog in systole by overstimulation of the cardiac contractility, and, that in a smaller dose, it markedly slows the heart and increases the force of its contractions, producing in this way a rise of blood pressure. They also found that the slowing of the pulse depends not upon any influence exerted on the vagus nerve, but upon the heart itself.

Kobert asserts that one cause of the increased blood pressure is stimulation of the peripheral bloodvessel walls.

Barium has generally been looked upon not only as medicinally useless, but also from two other and absolutely opposed points of view. In many of the works on chemistry it is called an "irritant poison," and yet most of us have regarded it, we think, as a very innocuous substance.

Stepping forward as it has done from the experimental laboratory to be tried chemically, it is surprising that its use has not been more general. The only trials that we are aware of in this country, having been made by Da Costa, some time since, and still more recently others have been recorded in the *Medical News* of this city.

If given in the form of a one per cent. solution, in the dose of a drachm, three times a day, marked benefit follows its ingestion. So far, no gastro-intestinal complications have been reported from its use, and it does not seem to irritate the kidneys.

The solution is almost tasteless, is cheap, and certainly has no tendency to disorder the stomach, as does digitalis. Barium also possesses some advantages in that it does not stimulate the vagal nerves, while digitalis seems, in some instances, to produce inhibitory stimulation rather than to increase the power of the heart muscle. The pulse-wave produced by it is large, full and prolonged, and lacks the hard, angry feeling of the full action of digitalis. Kobert asserts that it may be given in sudden cardiac failure by hypodermic injection, but this would appear to be a theoretical rather than a practical suggestion, as it has as yet not received sufficient trial to warrant recommendation for general use. The results reached so far are certainly favorable enough to make wider trials of great interest and value.—*University Medical Magazine*.

INFLUENCE OF THE TEMPERATURE OF THE AIR UPON THE DEATH OF INFANTS FROM DIARRHOEAL DISEASES.—The conclusions embodied in this paper are the result of a system of collective investigation initiated by Dr. Meinert in Dresden; 519 papers, referring to as many fatal cases, and each containing

thirty questions, were returned to the author. Of this number 444 were cases of acute diarrhœa, and 75 chronic. The cases were inscribed on a chart, containing the dates of commencement and termination of the complaint, the mean daily temperature, the barometric pressure, the humidity of the air, the rainfall, the velocity and direction of the wind and the date of thunderstorms. Of these, the most powerful mitigator is a high wind; for a high degree of temperature combined with a high wind is not dangerous, but moderate temperature without wind produces a considerable increase of sickness and death. The most rapidly fatal cases occurred in the sultry weather. An examination of the houses in which the fatal cases occurred, showed generally that deaths by summer diarrhœa occurred only in those dwellings in which, by the influence of a high atmospheric temperature, a still higher temperature indoors had developed in consequence of insufficient ventilation. Deaths occurred more frequently in dwellings exposed to the sun, and to which winds had scarcely any access. Moreover, the greatest number of deaths occurred on the ground floors and first floors, while in the basements, which are very little exposed to the sun, there was the smallest number of deaths. The temperature of the first-floor apartments, inhabited by the richer classes, was found on the average to show an increase over the external shade temperature of 43° F. Close living with small cubic space per head did not increase the mortality, provided the houses were not shut in, and provided the rooms could be exposed to strong currents of air. One suburb, with a population of 2,921, living chiefly in villas, had only three deaths. In dwellings of equal cubic measurement there were, *ceteris paribus*, most deaths in those with low ceilings. Since the operations of the law putting down baby farming, the deaths have been no greater amongst illegitimate than legitimate children. The greater mortality amongst children brought up by the bottle is due, at least in part, to an excess of substantial food. The child is naturally thirstier in the hot weather; but if at the breast does not suffer, because the mother is thirstier too, and by drinking dilutes her milk. The child brought up artificially takes an increased quantity of food, since the degree of

concentration is unaltered, the body heat is therefore increased. In conclusion, the lecturer pointed out that the mortality of infants in the summer months, constantly decreases towards the south from Berlin to Rome. This is due partly to the custom of suckling being more general, and partly to the houses and the clothing being better adapted for a warm climate.—*Medical Record*.

GASTRIC ULCER.—In a recent paper by Professor Gerhardt in the *Medical Press and Circular*, noticed editorially in the *Medical Record*, are included the following statements and views concerning the diagnosis and treatment of ulcer of the stomach.

He states that bleeding occurs in only forty-seven per cent.—much less frequently than according to the usually quoted statistics.

On the absence of any palpable tumor, as an important negative symptom of gastric ulcer, Prof. Gerhardt places little reliance. He mentions four kinds of tumors that may be associated with gastric ulcer, namely: 1. Old ulcers with indurated margins; 2. Pyloric muscular thickening; 3. Circumscribed exudation around perforations (very rare form), and, 4. A tumor caused by the crowding of neighboring organs into a large gastric ulcer.

With reference to the commonly asserted hyper-acidity of gastric juice in cases of gastric ulcer, Prof. Gerhardt has lately, in twenty-four cases found the reaction normal in seventeen cases, not so in seven.

He concludes that in some cases of ulcer, the increase of hydrochloric acid is wanting. Given a disease of the stomach lasting three years without formation of a tumor, and we are justified in assuming the probability of an ulcer.

The seat may generally be determined by the situation of the pain which is rarely absent in fresh ulcers.

When a patient abstains from food because of pain in the stomach, and becomes thin and reduced in consequence, the disease is more probably ulcer, hardly carcinoma, rarely ner-

vom dyspepsia. Emaciation is often seen in old cases, but rarely so in the case of recent ulcer. Ascertaining the weight of patients is important diagnostically.

The duration of the ulcer was sometimes as long as twenty-five to thirty years with intervals of good health intervening.

As to Treatment.—Milk diet often suffices in recent cases, but in the case of old ulcers with structural changes is often not well borne.

The diet most to be recommended was one mainly animal ; meat, milk and eggs.—*Maritime Medical News.*

THE SCIATICA ATTITUDE.—Professor Charcot, of Paris, in a recent clinical lecture, the translations of which appeared last week in the *Journal of the American Medical Association*, pointed out the well marked attitude of a neurasthenic patient suffering from sciatica. Two years and a half ago Charcot noted for the first time this appearance, which is of some diagnostic value : “The trunk is inclined to the right ; the vertebral column describes a curve with the convexity to the left ; the right hand descends much lower than the left ; the left lower extremity is semi-flexed ; the buttock of this side presents a flattening, the gluteal fold being elevated ; finally note that the heel of the left foot does not touch the ground. This attitude, so characteristic, has never been pointed out, and yet it is a feature of a very frequent disorder, for this patient is suffering with sciatica. This shows you how the most apparent points in clinical medicine may remain for a long time unperceived. We carry with us, indeed, from our medical education a certain number of impressions from which it is extremely difficult to free ourselves. We have the habit of seeking those things already described, and it requires long practice to acquire that independence of thought that enables one to see beyond his pre-conceived ideas. Often in this manner one finds traits so plain that it is difficult to explain how they have remained so long unrecognized, and usually they are at first received, even by progressive minds, only with scepticism. When I described for the first time the gross articular lesions of

ataxics, those arthropathies that nevertheless must have always existed, it was objected, particularly in Germany and England, that they were only to be seen at the Saltpetriere. This scepticism has since disappeared, and to-day no one longer doubts the existence of these joint lesions. This special characteristic attitude of a patient suffering with sciatica, I have known scarcely two years.—*Canadian Practitioner.*

HOW DOCTORS ARE VIEWED BY A GOOD-NATURED LITERARY MAN.—The doctor who could not laugh and make me laugh I should put down for a half educated man. It is one of the duties of the profession to hunt for the materials of a joke on every corner. Most of them have so esteemed it. Garthe, Rabelais, Abernethy and a hundred or so more too near to be named, what genial, liver-shaking, heart-quickenings, wit-wakening worthies they were and are! To the son who loves her best, Nature reveals most her tricks of workmanship. He knows there is a 'prize in every package of commonplace and sadness, and he can find it—not only the bit of fun shining to the eye of the *connoisseur* like an unset jewel, but the eccentricity, the resemblance, the revelation, countless signs and tokens of the evanescent, amusing, pathetic creature we call the human. Heartless, grasping, irreverent? The deepest compassion for human ills, the broadest generosity to human needs, the highest respect for all that is strong and pure and holy in human lives, I have seen in the men who come closest to the mystery of life and the mystery of death, who read the naked heart when it is too weak or too sorrowful to hide its nakedness, who know our worst, and are most of them wise enough to strike the balance. If they are cynics it is we who have made them so. We are the books out of which they learn their lessons.—*Mr. A. B. Ward, in Scribner's Magazine.*

PESSARIES.—Dr. Wylie, Professor of Gynecology in the New York Polyclinic, gave a lecture and clinic on displacements of the uterus on February 14. He considers anterior displacements

of little importance ; it is usually only in posterior malpositions that treatment is called for. This treatment in his opinion should *never* be by pessaries. In his hospital, for the past several years, he has known only one to be used. They simply support the uterus without reaching the cause of the displacement. Furthermore, they are dangerous, because of their liability to infect the patient. They abrade the mucous lining of the vagina, and opening up the canal, allow free entrance of the air to the abrasion. He has often found women wearing the instruments for months and years without relief, whereas they have been quickly cured by curetting and the use of boro-glyceride tampons. The tampons are a favorite method of treatment of many diseased conditions of the vagina and uterus with Prof. Wylie, and he uses them continually to support the uterus in displacements. The tampons are made by cutting sheet borated-cotton into strips, an inch and a half or two inches wide, and rolling them up, with medium firmness, until they are of the desired diameter, preferably about half an inch or a little more. They are then wet with the following :

R Boro-glyceride.....f3i
Glycerine.....f3xiv

Mix and add a saturated solution of alum, containing ʒss-j of the salt.

Prof. W. Gill Wylie in Philadelphia Medical and Surgical Reporter.

THE TREATMENT OF TABES DORSALIS BY SUSPENSION.—

Prof. Charcot has been treating, during the past three months, a number of cases of tabes dorsalis by means of suspension. The treatment is carried out by means of a Sayre's ordinary suspending apparatus. The patient is suspended usually from one to three minutes every second day. In fourteen cases treated in this way, the beneficial results were very marked in eight, and in all there was more or less amelioration. The first effect usually noticed is a lessening of the inco-ordination. This showed itself even after the first suspension. A case is referred to where a patient was unable to move or even stand without assistance, while after about twenty suspensions he could walk several kilometres without the use of a cane. In all the cases there was

marked amelioration of other prominent symptoms of this disease. The lightning pains, the bladder troubles, the anæsthesia, were found to have disappeared or were greatly relieved. In no case, however, was there noticed a return of the knee-jerk or a disappearance of the pupillary symptoms. The treatment was first practised by Matchoukowsky, of Odessa, who published a pamphlet on this subject in 1883. He was accidentally led to employ it from finding it beneficial in a case of tabes complicated with diseases of the vertebræ.

No doubt we will soon know whether any permanent benefit follows this procedure, as cases of tabes dorsalis are unfortunately very common, and all our ordinary means are so worthless that anything that promises even relief will be eagerly seized upon by the physician.—*Montreal Med. Journal.*

TO HASTEN THE DEATH of a patient suffering from a hopeless disease by giving an anodyne or anæsthetic is a temptation which must often come to the humane physician, and there are many and strong arguments which urge him to interfere and save the sufferer from further needless pain. The subject was intelligently discussed at a recent meeting of the Medico-Legal Society of New York, after hearing a paper in which Dr. E. P. Thwing advocated the promotion of euthanasia in articulo mortis. Judge Noah Davis spoke from the legal standpoint, and the views which he expressed were generally concurred in by the Society. Judge Davis said that in the eyes of the law "there are no possible circumstances where any human being is justified in purposely taking the life of another human being." He must have meant to exclude cases of taking life in self-defense. A physician may do anything to relieve pain, but nothing with the purpose of shortening life. When pressed to draw the distinction between giving an anæsthetic to relieve pain when it was probable that the relief would be death, and giving it with the intent to hasten death, Judge Davis said he should not make this distinction at all. It could only be made by the physician himself at the time; he would know whether

his object was to hasten death or to relieve pain, and often no one but him could really know what the intention really was. Judge Davis took the only tenable position, and any departure from it would lead into very dangerous quicksands.—*North-western Lancet*.

A DIFFICULTY IN PARTURITION.—Mrs. M—— was confined of her second child on December 16, 1888. Labor began at 3 A. M., and I was sent for at 11 A. M. The pains were strong, and the os was well dilated, but the head would not come down, so I delivered her with forceps at about 1:45 A. M. Great difficulty was experienced in delivering the shoulders. The cord was round the neck of the child once, and was very tight. Traction applied to the axilla produced very little effect, and simultaneously with each effort at traction the child's face became livid, resuming its natural color again during the intervals between traction. As the cord was too tight to pass over the head or shoulders, I tied it in two places where it was round the neck, and divided it, when the shoulders were immediately born with the greatest ease. The child's heart was beating well, but respiratory movements were absent; these, however, were well established after two or three minutes. The cord was unfortunately not measured, but its length was about twelve or at the most fourteen inches from placenta to umbilicus. I examined the patient almost immediately after delivery, and found the placenta in the vagina.

Where there is every prospect that delivery of the child will immediately follow division of the cord in circumstances similar to the above, this would appear to be a much safer mode of treatment than waiting till the child and the placenta are both expelled together.—*J. Davidson, M. D. Lond., of Uzbridge, in London Lancet for February.*

MEDICINE AND LIFE INSURANCE.—Although almost every practitioner of medicine thinks himself quite capable of performing the duties of a life insurance company's medical examiner, it must be evident on reflection that the judicious selection of

"risks" is quite as important to the company's success as the actuary's work. The solid prosperity that has been achieved by several of the larger companies in the United States, is therefore, a proof of the good work that has been done by their medical officers. So prosperous, indeed, have some of them become, that for a number of years they have been doing business on a large scale abroad. The New York Life Insurance Company, for example, if we are correctly informed, has a great number of members in France. That it has been able to build up such a business among a people so cautious as the French, bears testimony to the ability with which its affairs have been managed, not the least among which, we repeat, are those of its medical department.—*N. Y. Medical Journal.*

GOOD BREAD FOR DIABETICS.—Samples of bread for diabetics were lately shown to the Section for Clinical Medicine, Pathology and Hygiene of the Massachusetts Medical Society by Dr. J. A. Jeffries, who furnished the following formulas for their preparation.

One cup of graham flour; one cup of best bran previously scalded with one cup of boiling water; two eggs; German yeast or baking powder; salt to taste; one cup of milk or water. To be mixed with a spoon.

Such a bread contained 17.72 per cent. of starch, the equivalent of 19.68 per cent. of sugar.

One cup gluten flour; one cup best bran previously scalded; one teaspoonful of baking powder; salt to taste; two eggs; one cup of milk or water. To be mixed with a spoon. If the hands are used the result will be even more disastrous than in the making of ordinary bread. This bread is healthy, palatable, nutritious, and contains but 4.57 per cent. of starch, equal to 5.08 per cent. of sugar.—*Journal of American Medical Association.*

PEPSIN IN SURGERY.—Dr. Henry B. Douglass ("Med. Record") has recently employed scale pepsin as an ointment, with lanolin (1.5). in ulcers, in the removal of cicatricial tissue, etc.

He concludes that: In all ulcerations covered with a slough, or having a membranous base, pepsin is of use to digest this slough and bring about a healthy condition. The efficiency of the pepsin ceases when this slough has dissolved. In case of cicatricial tissue pepsin is of value by dissolving the cellular element. On this condition pepsin may act similarly to mercury and the iodides, or as a digestive.—*Medical Standard*.

PREVENTION OF PUERPERAL CONVULSIONS.—In a communication to the *Md. Med. Jour.*, Dr. Edward Anderson, of Rockville, recommended the use of the Bitart. Potass. in the latter stage of gestation, as a preventive of puerperal eclampsia. This has been indorsed by the Gyn. and Obst. Soc., of Baltimore, and now the doctor adds, that the bitartrate will not only prevent convulsions during pregnancy, but will also prevent their occurrence in Bright's disease, and albuminuria following scarlet fever. The potass. is to be given at once when a trace of albumen is detected in the urine.—*Popular Science News*.

A WITNESS, in describing a certain event, said: "The person I saw at the head of the stairs was a man with one eye named Wilkins."

"What was the name of his other eye?" spitefully asked the opposing counsel.

The witness was disgusted with the levity of the audience.—*Exchange*.

NITRO-GLYCERINE IN HEART FAILURE.—Dr. M. H. Firnelli, of Philadelphia, reports three cases of heart failure, where hypodermic injection of two drops of one-per-cent. solution of glonoin (nitro glycerine) was used, and says: "One who has seen cases of heart failure treated in the usual way can have no conception of the brilliant results which may be obtained from this agent."—*New England Medical Monthly*.

"Medical science has made such progress," said the doctor when speaking of his profession, "that it is almost impossible for anybody to be buried alive now." Then he wondered why everybody laughed.—*Boston Courier*.

CEREBRAL EXHAUSTION.

Horsford's Acid Phosphate.

It has been shown that the phosphates are found in excess in the urine in cases where the nerve centres (the brain and spinal cord), have been overworked, or subjected to undue labor, and the opinion is confirmed that there is a received relation between an excess of phosphates in the urine, and intellectual exercise.

This preparation supplies the phosphates and phosphoric acid, is readily assimilated, pleasant to the taste, and digestion.

DR. S. A. HARVEY, Chebogan, Mich., says: "I have used it with marked benefit, in several cases of cerebral irritation."

DR. C. S. EVANS, Union City, Ind., says: "I have prescribed, and carefully noted its effect in several cases where the cerebral and cerebro-spinal centres were depressed, from various causes, and have been well pleased with the result.

DR. A. C. MACKENZIE, Negaunee, Mich., says: "I have used it ever since it was introduced to the profession, with very happy results, restoring quietude to cerebral disturbances superinduced by overwork."

DR. H. BRUNNER, Fremont, Neb., says: "I have had the best of success with it, particularly in cerebral and nervous affections."

DR. J. GAMWELL, Pittsfield, Mass., says: "I have used it in a number of cases of nervous and cerebral diseases, with good results."

DR. E. S. LAWTON, Rome, N. Y., says: "I have used it with good results in cerebral exhaustion."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

RUMFORD CHEMICAL WORKS,

Providence, R. I.

Beware of Substitutes and Imitations.

CAUTION.—Be sure the word "Horsford's" is *printed* on the label. All others are spurious. Never sold in bulk.

IMPORTANT REDUCTION IN PRICES OF THE Fairchild Digestive Tablets.

These special preparations of the Digestive Ferments have been from the outset favorably received by practitioners and patients.

During the past years they have been in constantly growing demand, and it is with much satisfaction that we now announce that, owing to their extensive use, we are able to offer these preparations at prices which render them freely available.

The Fairchild Digestive Tablets are now placed in the hands of dispensing pharmacists at an average reduction of twenty-five per cent. on the entire list of these preparations.

The special value of these Tablets lies in their convenience, accuracy and agreeability of dosage. They are dispensed in small vials, which may be conveniently carried in the pocket, and are thus available at such intervals prior to or during the progress of digestion as may seem best to the prescriber.

By this means, pepsine, for instance, may be exhibited in small doses at frequent intervals after the ingestion of food—a rational method of reinforcing the peptic digestion.

The pancreatic ferments may be thus given before meals, or after the gastric activity has diminished and thus the best results may be, upon accepted physiological grounds, reasonably anticipated in the treatment of intestinal indigestion.

Both peptic and pancreatic tablets are made in such combinations as are found most serviceable and profitable by practitioners.

Pepsine and Bismuth may be especially referred to as being a perfectly compatible preparation; as in this combination we have sub-nitrate of bismuth which is not open to the objections made against ammonia-citrate, the salt of bismuth resorted to in liquid preparations of "pepsine and bismuth."

The Compound Pancreatic Tablets are well thought of in the treatment of intestinal indigestion, being especially devised for this purpose—containing 2 grains of Pancreatic Extract, 8 grains Squibb's bismuth sub-nitrate and 1-10 grain powdered Ipecac in each Tablet.

Complete lists and descriptions will be cheerfully sent upon application.

FAIRCHILD BROS. & FOSTER,
Makers of Original and Reliable Preparations of Digestive Ferments
NEW YORK AND LONDON.

Reviews and Book Notices

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF THE DISEASES OF WOMEN, by GRAILY HEWITT, M. D., Lond., F. R. C. P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital; formerly President of the Obstetrical Society of London; Honorary Fellow of the Obstetrical Society of Berlin, etc., etc. A new American from the Fourth Revised and Enlarged London edition, with 236 illustrations, edited with notes and editions by H. MARION-SIMS, M. D., of New York. Three volumes, 8 vo., price \$2.75 per volume. E. B. Treat, Publisher, 771 Broadway, New York, 1887.

Dr. Hewitt has long been recognized as an authority on female disease on both sides of the Atlantic, and the fourth edition of his work is rendered more valuable by the notes and additions of Dr. H. Marion-Sims, who has edited the American edition before us, at the request of the author.

From the editor's preface we make the following extract, which is fully sustained in the author's text:

"The book has some points of peculiar interest. It insists on better nutrition. It advocates the mechanical pathology of some forms of uterine disease, viz., that pathological changes are produced by mechanical causes. The wood-cut illustrations of uterine displacements are of life-size, which is an aid to the beginner. We have long known that the nausea of pregnancy is a neurosis, a reflex symptom which the author shows very conclusively to be the result of some form of uterine distortion, and which is always relieved by appropriate mechanical treatment. He further demonstrates most satisfactorily that hysteria in all its protean forms is a uterine reflex symptom (not ovarian as has been generally supposed), dependent always on flexion or malposition; and that to remedy the latter is to cure the former."

While we are not fully in accord with the author's views in

regard to pessaries, believing them to be among the *opprobria* of medicine, to those who do use them, his views will be beneficial, and more or less instructive to all. The questions pertaining to hysteria and hystero-epilepsy are fully and ably considered. An important class of cases are those in which pregnancy is associated with flexions of the uterus, a subject of great interest, as is also the causes of vomiting in pregnancy. In this work will be found essays on those subjects, and an accumulation of evidence in the shape of cases, which the author reports and submits in proof of the views enunciated by him.

A considerable number of new illustrations have been added to the new edition, and most of the new figures representing flexions and displacements of the uterus are drawn life size, and the various mechanical appliances for their treatment are drawn the actual size of the instruments, with the view of rendering the descriptions and directions for treatment more explicit and less liable to misinterpretation.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, published monthly by WM. WOOD & CO., 56 and 58 LaFayette Place, New York, Volume 1, No. 1, (January). Contents: Pedigree of Disease, by Jonathan Hutchinson, F. R. S.; Common Diseases of the Skin, by Robt. M. Simon, M. D.; Varieties and Treatment of Bronchitis, by Dr. Ferrand. Volume 1, No. 2, (February). Contents: Gonorrhœal Infection in Women, by Wm. Japp Sinclair, M. A., M. D.; Giddiness, by Thos. Grainger Stewart, M. D.; Albuminuria in Bright's Disease, by Dr. Pierre Jaenton.

Messrs. Wood & Co. have commenced the publication this year of a series of medical and surgical monographs, in monthly parts, consisting of original treatises and of complete reproductions, in English, of books and monographs selected from the latest and most approved literature of foreign countries, with all the illustrations of the originals. Each monthly part will contain two hundred and fifty or more handsomely printed octavo pages, on good paper in leatherette binding. The contents of the two numbers now before us are a sufficient index as to the valuable character of this extremely cheap form of choice medical literature.

The subscription price for the entire twelve numbers is only ten dollars, single copies one dollar.

In the March number will be given *Neurasthenia and its Treatment*, by Dr. H. Van Zeimssen; *Antipyrin and Antipyretic Methods of Treatment*, by the same; *the Tongue as an Indicator of Disease*, by W. Howship Dickinson, M. D., F. R. C. P.; *Treatment of Cystic Goitre*, by Thomas M. Hovell, F. R. C. S.; and *New Remedies* by Dr. C. Cauquil.

We have not space to go into a critical investigation of the volumes already issued, nor do we hardly think it necessary, as the distinguished authors whose names we have mentioned, are a sufficient guarantee of the valuable subject matter contained in the numbers already published.

We can but congratulate the publishers on this enterprise, and the medical profession on the excellent opportunity afforded it.

Since writing the above, the March number has been received, and from a cursory examination we find it fully in line with the two excellent numbers which have preceded it. The article on *New Remedies* alone, embracing the therapeutical developments from 1878 to 1888, inclusive, being well worth the price of the number.

The April number will contain an article on *Diabetes and its connection with Heart Disease*, by Jacques Mayer, M. D., (Vienna) Carlsbad; and *Blenorrhœa of the Sexual Organs and its complications*, by Dr. Ernest Finger, Docent of the University of Vienna; together with an index to Volume 1.

ATLAS OF VENEREAL AND SKIN DISEASES, with original text, by PRINCE A. MORROW, A. M., M. D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of New York; Surgeon to Charity Hospital, etc., etc. Parts 11 and 12. Wm. Wood & Co., New York, Publishers, 1889.

We have previously called the attention of our readers to preceding fasciculæ of this excellent illustrative atlas and treatise on venereal and skin diseases.

Part 11, contains magnificent illustrations of the following diseases: *Herpes Zoster*, *Herpes Fibrilis*, *Herpes Progenitalis*,

Dermatitis Herpetiformis, Pemphigus Vulgaris and Foliaceus, and Pupura Simplex and Thrombotica.

In Part 12, we find the following subjects so plainly and correctly depicted "that he who runs may read :"

Psoriasis of the Body, and of the Hand and Arm; Lichen Planus, Ruber and Moniliformis; Acne Vulgaris and Rosacea; Molluscum Epitheliale and Verruca Senilis.

The plates are believed to be superior to anything of the kind heretofore produced—as accurate as photographs, and far more distinct, while the coloring faithfully represents nature. The illustrations are taken from the collection of the author, together with those of J. Hutchinson, of London, Fournier, Hardy, Ricord, Vidal, Cullerrier and Besnier, of Paris, Keyes, Otis, and Piffard, of New York, and J. Nevins Hyde, of Chicago.

The text is printed from new type, large, clear and handsome, and the paper is heavy with a highly finished surface.

Considering the reputation of the authors of the plates, the ability of the editor, the superb execution of the plates and letter-press, the high quality of the paper of text and plates, and the large size of the illustrations, this may well be considered one of the most excellent works in medical literature ever published in the English language.* It will be complete in fifteen monthly parts, and is sold only by subscription at the low rate of \$2.00 per part.

HAND-BOOK OF THE DIAGNOSIS AND TREATMENT OF THE THROAT, NOSE AND NASO-PHARYNX, by CARL SEILER, M. D., Instructor in Laryngology and Lecturer on Diseases of the Upper Air-Passages in the University of Pennsylvania; Chief of the Throat Dispensary at the University Hospital, etc., etc. Third edition, thoroughly revised and greatly enlarged; two lithographic plates and 101 wood-engravings. Twelve mo., cloth, pp. 373, price \$2.50. Lea Bros. & Co., Publishers, Philadelphia, 1889.

This little volume is intended to serve as a guide in laryngoscopy and in acquiring skill necessary to the successful diagnosis and treatment of diseases of the larynx and naso-pharynx. Theoretical discussions have been omitted, and practical points to which the book is limited, have been considered as concisely

as possible, making the work an excellent one for ready reference on the subjects treated. Numerous additions to the preceding well received editions will be found throughout the volume, and the number of illustrations have been increased by the addition of twenty-four original engravings on wood, and two carefully executed colored plates embracing ten illustrative figures, which will prove of assistance and value to the student and practitioner.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE, by STEPHEN SMITH BURT, M. D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post-Graduate Medical School and Hospital; Physician to the Out-Door Department (Diseases of the Heart and Lungs) Bellevue Hospital. Twelve mo., cloth, pp. 206. D. Appleton & Co., Publishers, 1, 3 and 5 Bond Street, New York, 1889.

A most excellent little monograph that will prove of incalculable value to students, and practitioners of medicine. Well written, handsomely printed, and excellently illustrated by clear and instructive engravings. The author has well utilized his own personal experience, and has drawn freely on the established stock of knowledge in regard to the physical signs of morbid phenomena of disease of the thoracic viscera.

HAND-BOOK OF THE DIAGNOSIS AND TREATMENT OF SKIN DISEASES, by ARTHUR VAN HARLINGEN, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine; Clinical Lecturer on Dermatology in the Jefferson Medical College. Second edition, enlarged and revised, with eight full-page plates and other illustrations. Eight vo., cloth, pp. 410, price \$2.50. P. Blakiston Son & Co., Publishers, 1012 Walnut Street, Philadelphia, 1889.

From the author's preface to the first edition we make the following extract:

In writing this book I have had in mind the wants of the practitioner, and I have tried to make it useful as a work of ready reference. For this reason I have given space to the description, diagnosis and treatment of the various affections of the skin as met with in practice, touching lightly on questions of etiology, and omitting all reference to pathological anatomy.

In the present edition, besides re-writing a few of the articles and adding considerably to others, the author has introduced quite a number of new articles, chiefly brief descriptions of the rarer affections.

The introduction of a number of illustrations, some original and others taken from special journals and monographs is an especial feature of the second edition.

The diseases are arranged alphabetically, superceding the necessity of an index. As a compact, concise and convenient work for ready reference, it will prove of no little value.

Editorial.

BUSINESS NOTICE.—Increased pressure of business in other lines has necessitated my disconnection with *The Southern Practitioner*, and I have transferred my interest in the journal to Dr. Deering J. Roberts. I take this opportunity of thanking my friends and the readers of the journal for the very agreeable relations of the past. It is but justice to Dr. Roberts to state, that for the past seven years he has almost entirely discharged all the duties pertaining to both the business and editorial management, and I can safely assure the readers and patrons of the journal that its past satisfactory and successful course will be fully maintained in the future, and sincerely hope that it will receive the same liberal patronage as in the past.

Very respectfully,

DUNCAN EVE, M. D.

TENNESSEE STATE MEDICAL SOCIETY.

The fifty-sixth annual meeting of *The Tennessee State Medical Society* will be held in this city beginning Tuesday, April 30th inst., and continuing through Wednesday and Thursday, May 1 and 2, prox.

From the Committee of Arrangements we have received the following information: Half-rates or round-trip tickets for one fare, can be procured at all railroad stations in this and adjacent States from April 28th inst., said tickets holding good until May 10. This arrangement has been perfected by Mr. C. H. Gillock, Secretary of the West Side

Park Association, the Spring Race meeting coming on at that time; and although Doctors are not supposed to take much interest in such frivolities (?) they can avail themselves of the reduced rates and put in their appearance in the Senate Chamber of our State Capitol, where the Society sessions will be held.

On Tuesday night, the address of welcome by Gov. Robert L. Taylor, the annual address of the President of the Society, together with musical and elocutional exercises, under the charge of Mrs. A. H. Stewart, will take place at the Vendome Theater. Other entertainments for succeeding nights will be prepared, but are not sufficiently perfected to be announced at this time. We can assure our readers, however, that all who attend may confidently anticipate an agreeable time.

Quite a number of important papers have been promised, and we have every reason to believe that in a business point of view the meeting will be quite a success. At any rate, we hope that every member of the medical profession in this and adjacent States, who can possibly spare the time, will feel sufficient interest in medical matters to attend the meeting. To our friends in other States, who can make it convenient to visit Nashville on this occasion, we are authorized by the Committee of Arrangements to extend a cordial welcome.

From an editorial in the *American Medical Association Journal* for March 23 ult., we make the following extract which we most heartily endorse:

* * * * * "The several State Medical Societies constitute the chief and proper basis of the National organization of the profession, and they should be cordially sustained by the most learned and active in all departments of medicine and surgery.

There is room in the State Society for the advocates of every legitimate interest to work, and interchange thoughts and facts with each other, thereby actively advancing the practical interests and promoting the unity and influence of the whole profession. In a country as large as ours there is no method of complete and efficient professional organization, except that which begins with the municipal and county societies, progresses from these to the State, and from the State to the National; thus establishing the channels of universal intercommunication, and the opportunities for personal intercourse and of harmonious action. During the next two months the State Medical Societies of nearly all the States occupying the middle and northern part of the

great interior valley of this continent will hold their annual meetings and we hope to see larger assemblages, a greater number of well prepared papers, and the results of more thorough scientific investigation, in all of them, than at any previous time in their history. The annual meeting of the American Medical Association will follow at Newport, R. I., commencing on the 25th of June. For four previous years that great National organization has held its annual meetings in this interior valley, with steadily increasing attendance. As the next meeting is to be held on the northeastern border for the first time since 1865, it is very desirable that all the State Societies of these great interior States should send full delegations to the meeting at Newport, thereby not only cordially reciprocating the favors of the past four years, but firmly cementing the bonds of friendship and materially adding to the scientific and practical interests of all."

QUARANTINE CONFERENCE.

The Quarantine Conference that was invited by resolution of the State Legislature and Governor Seay, of Alabama, met in Montgomery on Tuesday, March 5th, inst. There were present in all about sixty-five or seventy delegates from Alabama, Georgia, Florida, Illinois, Kentucky, South Carolina, North Carolina, Tennessee, Texas, Mississippi, Maryland, Louisiana, and the U. S. M. H. S. The representatives of this State being J. D. Plunkett, M. D., G. B. Thornton, M. D., and Hon. David Hadden, of the State Board of Health. The remaining delegates were principally doctors, who were either connected with their respective State or local Boards of Health, or who have been more or less prominent in sanitary or preventive medicine; and a few representatives of the transportation and railroad service.

Dr. C. P. Wilkinson, of Louisiana, was selected as President, and J. N. McCormick, M. D., of Kentucky, Secretary.

Dr. Wilkinson read a paper on the subject of "Maritime Quarantine Services of Southern Seaports," which was received and referred to a committee, who, after examination, reported the following resolution:

"Resolved, That this conference indorse the Holt quarantine and disinfection system, as at present operated in New Orleans, as the best

known for the prevention of the introduction of yellow fever into the ports of the United States, and recommend its uniform adoption."

The report was adopted.

Dr. G. B. Thornton, of Memphis, read the paper of Mr. J. C. Clarke, General Manager of the Mobile & Ohio Railroad, on "Railroad Quarantines," in the absence of the latter. Among other things the paper, a short one, said:

"Experience has proven that yellow fever and other infectious or contagious diseases can be kept out of communities without resorting to absolute non-intercourse. The State Legislature should appropriate a reasonable sum for the protection of the State from these diseases. If put in the hands of the proper officials the sum need not be a large one."

This paper was referred to a committee, who reported as follows:

"Your committee respectfully reports the following in relation to the paper of Mr. Clarke:

"That section one should read:

"SECTION 1. During the prevalence of yellow fever epidemics, passengers and freights should be brought from infected localities only under such regulations and restrictions as may be established by the State health authorities along the lines of the roads concerned.

"The regulations and restrictions governing railroad transportation during yellow fever epidemics should be of such character as to afford all reasonable guarantees of protection to the communities in danger of invasion by the disease, but should not be more onerous than the circumstances warrant, and should be framed with due consideration of the extent of the danger in each particular case, and as affected by latitude and seasons of the year, and other qualifying conditions.

"At all seasons of the year, and under all circumstances, the simple passage of railroad trains should be allowed, without obstruction, even when carrying sick refugees from infected places to healthy localities willing to receive them.

"SEC. 2. A well-digested quarantine formula, making and promulgating the necessary rules and regulations for enforcing the same, should be prepared ready to be put in force when necessary to do so, at all points where it is necessary to put quarantine in force. These rules should be published for general information, to enable all persons to comply with the same, and displayed by placard in every depot.

"SEC. 3. At all quarantine stations accommodations should be provided for caring for such persons, if any, that may be detained,

or are not permitted to pass through such stations while in transit until they can be disposed of.

“‘SEC. 4. Only competent physicians who have had experience in contagious and infectious diseases should be made inspectors of quarantine stations, whose duty it shall be to inspect and examine the condition of passengers, baggage and express matter. All inspectors should have the power to administer oaths and to remove from the trains at quarantine stations and detain such passengers, baggage or express matter as may be found necessary to prevent the introduction or spread of infectious or contagious diseases of any kind.

“‘SEC. 5. State boards of health should be the powers authorized to put quarantines, but should not conflict with the rules and regulations adopted by the State boards of health for enforcing quarantine regulations.

“‘SEC. 6. The refugee stations as at present operated on the sea-coasts of the United States are, in the opinion of this body, of infinite service, and we would recommend their continuance in a full equipment for all requirements.

“‘SEC. 10. Railroad agents at way stations should be required to refuse to sell tickets to any persons who cannot show that they have not in twelve days been exposed to any source of infection, and conductors should be required by law to refuse to transport passengers from way stations who are not supplied with tickets.

“‘SEC. 11. Health certificates should be required from persons whenever yellow fever prevails in this country. They should be issued only by the health official, under official seal, or, in the absence of such seal, under the seal of the municipal or county court where the certificate originated. In each certificate the person to whom it is issued should be so described as to admit of his identification, and should state the facts of the case fully and circumstantially. And to such certificates full credence should be given to all health authorities. We must have honesty and mutual confidence amongst those charged with the protection of public health.’”

Dr. Forman, of Louisiana, introduced a resolution contemplating Federal aid of State and local authorities, which was tabled. The resolution contemplated the organization by the National Government of a Health Commission.

A resolution introduced by Mr. Hadden to thoroughly disinfect Decatur, Ala., at once, was vigorously opposed by Jerome Cochrane,

M. D., State Health Officer of Alabama, who did not think it necessary, and assured the conference that no such thing would be done. While we have great confidence in both the integrity and ability of Dr. Cochrane, we sincerely hope that he has not made a mistake in this. We are not yet convinced that the germs of yellow fever may not hibernate in the latitude of Decatur, or even farther north, if necessary precautions of a wise and judicious nature are not effectively carried out. Again, we say, to use a slang phrase, "we hope that he has not bit off more than he can chew."

The first day's session was quite a stormy one, being marked by sharp and protracted discussion actively participated in by the delegates.

During the second day's session, Dr. Daniel M. Burgess, of the United States Marine Hospital Service, inspecting physician at Havana, read an ably prepared and very interesting paper on the subject of "The Sanitary Inspection Service at Havana, Cuba." In his paper Dr. Burgess spoke with great earnestness of the careless manner in which health certificates are issued to ships and sailors coming to United States ports. He mentioned one case where a ship had been given a clean health certificate and an investigation proved that there were several cases of yellow fever on board before the vessel got out of port. He also spoke of the promiscuous smuggling of merchandise from the island into the United States.

Dr. Wilkinson, of New Orleans, spoke of the unreliability of health certificates presented at our ports, even when they are furnished by United States consuls at foreign ports. Everything said by Dr. Burgess met with his approval, and he felt sure that many a case of yellow fever had been kept out of the United States by the active energy of Dr. Burgess in the discharge of his duties at Havana. He thought the conference ought to adopt some measures to secure, if possible, more thorough safeguards against the introduction of infectious diseases from foreign ports. He thought greater care should be exercised as to the admission of passengers and baggage from foreign ports. He introduced the following resolution, which was adopted:

"Be it further resolved, That the Secretary of the Treasury of the United States is hereby requested to increase the patrol service on the coast of Florida, to such an extent as may be necessary to prevent smuggling.

Surgeon General Hamilton spoke of the cost of sending cablegrams to foreign countries as one of the difficulties to be met in the effort to

keep out yellow fever. Another difficulty was that the United States Consuls were dependent upon the boards of health and authorities of the foreign ports for their information as to the health of those communities. The consuls had to take such information as the local health authorities would furnish, or be denied information altogether. He thought the Government should appoint and send a physician to every consulate in ports where epidemics and contagious diseases are liable to break out, in order that the consul may be furnished with reliable information as to existence or absence of disease. He thought a resolution from the conference on this line might have some weight in influencing Congress to make an appropriation to place physicians at these foreign ports to represent the United States.

He offered the following resolution, which was adopted :

"Resolved, That this conference is of the opinion that it is a duty devolving upon all nations to take measures to eradicate any plague-center from its territory, and that the existence of such plague-center is a menace to all other nations, and that our State Department be requested to notify other governments of this action."

Dr. Foster, of Georgia, offered the following resolution :

"Resolved, That the United States Government is hereby requested, if consistent with the international and constitutional laws, to enter into negotiations with Spain, with a view of investing United States sanitary inspectors at Spanish ports with such jurisdiction as may be necessary for the enforcement of such rules and requirements as are provided."

Adopted.

In answer to the question, "When should yellow fever refugees return to their homes?" the conference adopted the following: (1) After the occurrence of ice; (2) after the occurrence of three killing frosts; (3) after the occurrence of no case of fever for the period of two weeks, and of the thorough disinfection and ventilation of all localities infected, and bedding, and such other articles as are capable of carrying fever germs.

While the conference may not have accomplished all that was expected of it, we can but think much good will result—merely from the bringing together of these representative sanitarians, if nothing else. It was certainly a move in the right direction, and we hope to see it followed up by more important results in the future.

THE ANNUAL MEETING OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.

On the 21st day of December, 1888, the officers of the National Association and members of the Executive Committee met in the city of St. Louis, and appointed the time for holding the next annual meeting May 2 and 3, 1889, which will be on the first Thursday and Friday of the month. Dr. W. B. Outten was appointed Chairman of the Committee of Arrangements, and every one can be assured that the arrangements will be complete for one of the largest gatherings of surgeons ever convened in this country. The chairman of the committee is one among the leading railroad surgeons in America, and it was he who invited the Association to St. Louis, and we trust that every surgeon who can, will attend this meeting and aid in making it one of the most interesting medical and surgical gatherings ever held in this country. The time appointed was not to conflict with any other National or State society meetings. The prospects are that this will be a large gathering. A committee was also appointed to address a circular letter to the general managers of railroads, explaining the objects of the Association and soliciting their co-operation in the work. The committee appointed has carefully performed the duty assigned to it, and have sent to all the general managers a concise statement of the object and purposes of the Association, and there is no doubt of the hearty co-operation of the general officers of the railroads in this organization. We desire again to urge upon the members the necessity of preparing papers relating to railway surgery to be read at the meeting at St. Louis.

HABITUAL CONSTIPATION.—W. J. Maddox, M. D., Washington, D. C., says: In regard to results produced from the use of Acid Mannate, I will give two cases: Case 1. Mrs. N. C., applied to me for treatment for habitual constipation. After trying several remedies without any good effect, I put her on the Acid Mannate treatment. Since taking it she has had marked improvement, and at this date is not troubled with constipation. Case 2. Mrs. F., pregnant, was troubled with constipation. I gave the Acid Mannate, and find that it acted like a charm with her. She, at the present time, is not con-

stipated. Both of the above patients told me that the Acid Mannate operated very mildly. It is the remedy for constipation, either habitual or caused from pregnancy. I shall continue to use it, being very much pleased with its action.

LISTERINE is in every way the best antiseptic we have ever tried. It has now become a recognized standard preparation with the leading physicians, surgeons, obstetricians and dentists; it having long since passed the experimental stage, and repeated clinical results have demonstrated its reliability, both for internal and external use. It is absolutely safe, agreeable and sufficiently active to maintain asepsis, and comes nearer being an ideal antiseptic than any other preparation. Do not permit your druggist to substitute, but demand Lambert's Listerine.

Lithiated Hydrangia, also made by the Lambert Pharmacal Company, is a most excellent preparation. See their advertisement and give it a trial. In our hands it has proven of great value.

HUNT CARRIAGE MANUFACTURING COMPANY.—Any of our friends needing anything in the vehicle line from a doctor's phaeton to the finest coupé, cannot do better than try the above named establishment. Mr. W. S. Hunt, the General Manager, is one of the oldest and most experienced carriage manufacturers in this city, dating way back in ante-bellum days. In fact, a few weeks ago, we saw while on a visit to Sumner County, a buggy made by him in 1858, which has been in constant use ever since it first left his shop, and is yet capable of efficient service. He has long and thoroughly established a reputation of letting nothing leave his establishment but *first-class* work. Terms reasonable. We have been using his buggies for the past ten years with the utmost satisfaction.

I HAVE used Succus Alterans in two cases of tertiary syphilis—one in a patient with *suppressed rheumatism*, who faithfully used six bottles with undoubted benefit; in the other patient extensive tertiary ulceration disappeared within six weeks.

I have also prescribed the Succus in two cases of recurrent iritis, advising a continuation of the medicine after all inflammatory action had subsided. It is now some months since the patients were under my immediate treatment and no recurrent symptoms have occurred.

NEW YORK.

Very truly,

F. W. RING, M. D.

MEHARRY MEDICAL COLLEGE.—At the commencement exercises of the Meharry Medical Department and the Dental Department of Central Tennessee College, held on February 21, the degree of M. D. was conferred upon fourteen and the degree of D. D. S. upon six candidates. The dental department of this college is the only dental school for negroes in this country, and the Meharry School is one of the two medical schools for negroes.

HYSTERIA.—I have used Peacock's Bromides with fine results, and shall continue to use it. One case in particular illustrated its effects. The patient (female) was much troubled with hysteria, and, as usual in such cases, had every imaginable disease. I gave her Peacock's Bromides, and, on taking as directed, all hysterical phenomena disappeared. In such cases I consider it the remedy par excellence.

OLIVIA, MINN.

E. F. CONYNGHAME, M. D.

A FAIR OFFER.—The manufacturers of Malted Milk give practical evidence of their belief in its merits by inviting any physician to send his name and address and receive in return free a sample of Malted Milk; the efficacy of which can be tested without cost. If you have a sick infant, or an adult, requiring nutrition in a form very easy of assimilation, you should send a postal card to Malted Milk Company, Racine, Wis.

NUTROLACTIS.—The Editor of *The Memphis Medical Monthly*, Dr. F. L. Sim, after having thoroughly tested Nutrolactis says of it: "I am satisfied that it will do what is claimed for it, and that the demand will be continuous, and almost unlimited."

Dr. Pate, of the same city, also reports the most satisfactory results.

KATHARMON.—I must say I like Katharmon as an internal and external remedy in catarrhal affections and uterine troubles. As a prophylactic and antiseptic, it measures up to many so called deodorizers.

C. W. WATTS, M. D., Auxvasse, Mo.

CINCINNATI SANITARIUM.—We have received the Thirteenth Annual Report of this excellent institution, together with a paper on Expert Testimony by Medical Experts, by its Superintendent, Dr. Orpheus Everts. Both are quite interesting.

CONTENTS FOR APRIL, 1889.

ORIGINAL COMMUNICATIONS:—

Past, Present and Future, by S. P. Crawford, A. M., M. D.	141
Valedictory Address at the Annual Commencement of the Medical and Dental Departments of the University of Tennessee, by J. B. Poynor, M. D.	148
Correspondence	153

SELECTIONS:—

American Medical Association—Fortieth Annual Meeting—	
To be Held at Newport, R. I., June 25, 1889—Official	
Notice	154
Uses of Boracic Acid	157
Barium Chloride as a Cardiac Stimulant	158
Influence of the Temperature of the Air Upon the Death of Infants from Diarrhoeal Diseases	159
Gastric Ulcer	161
The Sciatica Attitude	162
How Doctors are Viewed by a Good natured Literary Man	163
Pessaries	163
The Treatment of Tabes Dorsalis by Suspension	164
To Hasten Death	165
A Difficulty in Parturition	166
Medicine and Life Insurance	166
Good Bread for Diabetics	167
Pepsin in Surgery	167
Prevention of Puerperal Convulsions	168
A Witness	168
Nitro-glycerine in Heart Failure	168

EDITORIALS REVIEWS, ETC.:—

Book Notices	169
Business Notice	174
Tennessee State Medical Society	174
Quarantine Conference	176
*The Annual Meeting of the National Association of Railway Surgeons	181
Habitual Constipation	181
Listerine	182
Hunt Carriage Manufacturing Company	182
Meharry Medical College	183
Editorial Items	183

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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NASHVILLE, MAY, 1889.

No. 5.

Original Communications.

REPORT OF A SUCCESSFUL HIP-JOINT AMPUTATION.*

BY PAUL F. EVE, M. D.,

Professor of Anatomy in the Medical Department of the University of Tennessee.

Viewing the results of hip-joint amputations as reported by Dr. Otis, of the United States Army, both in military and civil practice, which, as he states, in military practice as collected by him, out of 108 cases ten recovered, making a percent of mortality of 91.66, and in civil practice out of all recorded cases, only sixty-five died and forty-six recovered, a mortality of 58.56 percent; and as is further stated by him, it is very probable that this discrepancy in regard to the results obtained in military and civil practice, may in part be due to the fact that in the latter

*Read before the Tennessee State Medical Society at its Fifty-sixth Annual Meeting.

case all the unsuccessful results have not been published, has led me to bring before this Society a report of a successful hip-joint amputation as performed by me under any other than favorable conditions. My patient, Tom House, (col.) æt. 35, came under my observation for the first time at the City Hospital on the morning of the 15th of October, 1888. From him I learned the following history:

On the evening of the 10th of October he was struck by a ball of a 40-calibre pistol in the upper part of the thigh, accidentally discharged, in the hands of a friend, and he had entered the hospital for the purpose of being treated. A cursory examination revealed the fact that the ball had penetrated the thigh about four inches below the hip, and upon the external side. My patient was now placed under the influence of an anæsthetic, and a careful examination made by my colleagues, Drs. Cain, McCampbell and myself. No wound of exit was found, and consequently the ball was still within the thigh. On the outside of the thigh, about one inch below the wound of entrance, was clearly discovered a hard unyielding body, in appearance and shape very much like a bullet, easily moved from side to side and fully detached from any other part, accordingly I proceeded to remove it, and found it to be a detached part of the femur, which was readily removed. Enlarging the opening I found a comminuted fracture of the bone. The ball was now searched for, but finding that the patient was very much overcome from the operation I desisted without finding it. The patient had, before being placed under the anæsthetic, exacted a promise that I would not cut off his thigh; so being mindful of that promise, although I gave it as my opinion that amputation was the only means of relief, after consultation, it was agreed that the limb should be placed in a plaster of paris splint. After carefully dressing both wounds antiseptically, extension was made, and the limb placed in a plaster of paris splint commencing from the toes and reaching to the pelvis. For three days the temperature was but little above normal, and the pulse rate 99, but upon the fourth day my patient complained of great pain, and upon taking the temperature I found it at $103\frac{1}{2}$, and the pulse very fast; ac-

cordingly two windows were cut out of the plaster of paris splint and the wound examined; the wound was found running free with pus, in fact the dressing was very much soiled from the discharge; a corrosive sublimate solution 1 to 2000 parts was flushed through the drainage tube, and the wound thoroughly cleansed, dressed and further developments watched. His temperature on the fifth day rose to 102 and continued at that until the seventh day when I found it to be 103½. The wound was again dressed on the seventh day and a great deal of pus removed and flushed out with the sublimate solution; poultices being ordered every four hours, and at each removal of the poultices the wound washed with the same solution. On the eighth day I had the satisfaction to find that the temperature had gone down to 100½ and the pulse rate much better. The patient now seemed to do splendidly for one or two weeks, and I was in hopes that he would make a rapid recovery. However, these anticipations were cut short on the commencement of the fourth week, by symptoms of pyæmia. (It is to be noticed here that from the second day of the commencement of my treatment, I had my patient placed upon a treatment of iron, phosphoric acid and Fowler's solution of arsenic). The entire plaster paris splint was now removed, and the limb examined, the discharge from the wound was but scant and of a sero-sanguinous nature; upon the upper part of the thigh above the wound of entrance was discovered an abscess, which was promptly opened, evacuated and cleansed. On examination of the broken fragments they were found to be un-united; the limb was now placed in Hamilton's long splint, with slight extension made by weight and pulley, with wounds dressed in poultices. The patient on the next day was found doing badly and pyæmia fully set in.

Temperature on the sixth day after the long splint was placed, rose to 105, pulse rate quick and feeble; on the seventh day the highest temperature was reached, the thermometer registering 105½. All hope of the patient's recovery was now abandoned, as it was impossible for him to take his accustomed stimulant, which had been given him from the first symptoms of pyæmia, but as a last resort two doses of antifebrine were given him by the rectum, as also was alimentation given him by this avenue.

That night a profuse perspiration took place, and in the morning the patient was much improved and enabled to take a little nourishment by the mouth; the temperature had fallen to 102 $\frac{1}{2}$. The same course of treatment was followed for several days, and it seemed that for two weeks my patient lingered between life and death, however, he fought the battle nobly and finally came off victor. During this attack of pyæmia, numerous abscesses were noticed upon the affected limb, and two large sloughs were discernible in the upper part of the thigh. His recovery from the attack of pyæmia, was necessarily slow and lingering, and while he now, as well as I, recognized the fact that amputation was the only alternative, but he was too weak for such an operation. I placed him on tonics and a generous diet, but from the fact of the drain upon his system by the profuse discharge from the sloughs and a bed sore, which had now developed, he improved but little. In this condition he pleaded with me to perform upon him an amputation, recognizing, as he stated, that in the condition he was now in he must die. I told him that the only amputation that I could now make upon him was that at the hip-joint, and that under the most favorable circumstances, was, in the majority of cases, fatal; still he pleaded with me until I took some of my colleagues with me, who gave him the only consolation, that if he desired to die sooner, they would advise the afore-mentioned operation. This, however, did not dissuade him, as he continued to urge upon me an amputation, until at last, impressing upon him the probability that he would die in the operation, again at his urgent request I consented.

Accordingly on the morning of the 9th day of March, assisted by the hospital corps, and Messrs. Bennette, Thornburg and Brown, I proceeded with the operation at the hip-joint. The patient bore the anæsthetic of ether at first pretty well, and desiring to lose but little blood, I first performed Larrey's operation, that of ligating the femoral artery and vein; he stood this operation badly, but improving in a short time, I proceeded with the operation.

At the completion of my anterior flap, the patient ceased to breathe, and artificial respiration was kept up until he again was

resuscitated. With now an assistant keeping the tongue pulled well out and entire cessation of the anæsthetic, the operation was rapidly completed. The wound was antiseptically dressed; hypodermic injections of ether and whisky were freely given; after which the patient was placed in bed with hot bottles to foot and back.

My expectations of his recovery, as you may well judge, were very gloomy and I fully expected upon my next visit to find him dead, but I was agreeably disappointed when I found him doing well and able to take a little nourishment. Stimulants and tonics were freely given with a generous diet.



From photograph taken forty days after operation—wound entirely healed, patient able to be out of bed.

His temperature during the whole time of his recovery did not exceed 101 2-5, and his pulse rate 118.

The majority of the stitches were removed on the ninth day, and the remaining ones on the twelfth. The drainage tube was

removed on the fifteenth day, and the large majority of the wound found healed.

Last of all the ligatures came away on the twenty-eighth day. My patient improved from the day of the amputation, and while before the operation he was but a mere skeleton, he is now gaining flesh and vigor every day.

EVOLUTION VS. EVOLUTION.

BY T. P. CRUTCHER, M. D., OF NASHVILLE, TENN.

There is no good reason why intelligence should give credence to agnosticism. Since its advocates make no attempt to disprove the existence of a God. But the Darwin theory of evolution stands closely allied with it, and many scientists in their espousal of the cause, have overleaped facts which prove that all things have been evolved and that mind itself is the outcome of an evolutionary process pursued by nature in its development from a creative power. Certain it is that creation must be recognized in order that thought could exist at all. Darwin himself with all his boasted philosophy, evolved from a primordial germ, which originated with Adam when God breathed into him his life and soul, and this germ has been transmitted to the present, and yet Darwin would have us believe that he comes from some unaccountable ape. He cannot claim that he evolves from nothing, or that nothing evolves from him. Then it follows that the power of God is displayed by a gradual process of creation, and we find in the attributes of Deity as ample proof of the exhibition of his evolutionary hypothesis, as in the old orthodox way of making the world out of chips and whetstones. We are as much justified in believing the one as the other. The simple process of evolution teaches the minds of rationalists that there is a power behind it all which always was, and always will be; and which is so far beyond this finite mind that no sort of an evolutionary process of reasoning can develop in man, either a creative power or a knowledge of him who first gave him being. Man is not a creative being, hence what has been developed to his

mind has not been from a process of reasoning, but by accidental causes; all the wonderful inventions of the age have been discovered by accident. We know nothing of the science of medicine or surgery except what has been discovered by accident, not by a process of reasoning, but after long and patient experimental research. If man was endowed with creative power there would no longer be a creative but a creator.

We cannot go no further back of our own creation than when the great creative power brought Adam from his earthly elements, and breathed into him a living soul, and from him has been transmitted a living primordial germ, which existed but for a transitory time, when it was evolved from its original casket and carried into utero-gestation, where it assumed another order of being for a transitory time, and was evolved again from its casket leaving behind the secoundines to perish, and was delivered into the world where it grew and developed into an active, intelligent being. Soon, however, to pass out of its casket again into a higher order of being, when it will be so far in advance of this being as this is in advance of its original germ. So that the things we see were not made of things which do appear, and all efforts to prove from reason that all things evolved from spiritual substances is folly, and subjects its followers to the criticisms of other isms.

If we add to our intellects conscience and the moral law, and continue on that line, then our theistic being will be fixed upon a moral certainty, which, to say the least of it, will be comforting through this life and a support in the last ordeal; and if the glorified future shall develop evolution after evolution, and we shall continue to grow more and more like God at each change as we have in the past, and this shall continue throughout the ceaseless ages, well may it be said of us "as it is written, eye hath not seen nor ear heard, neither have entered into the heart of man, the things which God hath prepared for them that love him."

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

REGULATION OF THE PRACTICE OF MEDICINE AND SURGERY BY LAW.

SENATE BILL NO. 70.

An Act to Regulate the Practice of Medicine and Surgery in the State of Tennessee:

Section 1. Be it enacted by the General Assembly of the State of Tennessee, That no person shall practice medicine in any of its departments except dentistry, within the State unless such person possess all the qualifications required by this Act.

If a graduate in medicine, he shall present his diploma to the State Board of Medical Examiners for verification as to its genuineness. If such a diploma is found genuine, and from a legally chartered allopathic, homœopathic or eclectic medical college in good standing with the school of medicine in which such college is classed, or which the State Board of Medical Examiners shall be the judge, and if the person named therein be the person claiming and presenting the same, the State Board of Medical Examiners shall issue a certificate to that effect, signed by all the members thereof, and such certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State.

Sec. 2. Be it further enacted, That all persons who shall be in the actual practice of medicine or surgery in the State at the time of the passage of this Act, shall within six months after this Act takes effect be required to make satisfactory proof of this fact to the County Court Clerk of the county in which he resides, when said County Court Clerk shall issue a certificate in each case in accordance with the facts, and such certificate shall entitle the lawful holder thereof to all the privileges contemplated in this Act. A certified copy of this certificate shall be forwarded to the State Board of Medical Examiners. •

Sec. 3. Be it further enacted, That any person wishing to enter upon the practice of medicine in any of its branches, except

dentistry, after the passage of this Act, shall present to the Board of Medical Examiners a diploma from some medical college in good standing, and said Board shall recognize any college that is recognized by the National Medical Association, or shall present himself before the Board for examination upon the following branches, viz.: Anatomy, Physiology, Chemistry, Pathology, Surgery, Obstetrics and Therapeutics. If the diplomas are found genuine, or if the applicant for examination shall be found worthy and competent, then said Board shall issue a certificate in each case in accordance with the facts, and such certificate shall entitle the lawful holder thereof to all the privileges of this Act.

Sec. 4. Be it further enacted, That immediately upon the passage of this Act, the Governor shall appoint six graduated physicians, two from each grand division of the State, as a State Board of Medical Examiners, whose duty it shall be to examine into the qualifications of all applicants for license to practice medicine or surgery, in accordance with the foregoing sections of this Act, Provided, that the three schools of medicine, viz.: Allopath, Homœopath and Eclectic, shall be represented on said Board of Examiners. Not less than five shall constitute a quorum, and a majority of those present shall be necessary to reject any applicant, but each rejection shall not bar the applicant against a re-examination after the lapse of three months. Provided, That the members of the Board representing such school of medicine shall have the right to examine all applicants of that school, and the Board shall issue the certificate of qualification to applicants that are recommended by the member or members of the Board who belong to said school after such examination.

Sec. 5. Be it further enacted, That to prevent delay and inconvenience two members of the Board may grant a temporary license to any applicant and make a report thereof to the Board at the next regular meeting, such temporary license shall not continue in force longer than until the next regular meeting of the Board, and such temporary license shall in no case be gran-

ted within six months after the applicant has been refused a license by the Board.

Sec. 6. Be it further enacted, That the first Board of Medical Examiners shall meet and organize thirty days from the date of their appointment, and shall serve for the terms of one, two, three, four, five or six years respectively, deciding by lot or agreement among themselves as to their respective terms of service. At the expiration of the above terms each member of the Board shall be appointed for six years. All vacancies occurring in the Board by death or resignation shall be filled by the Board itself for the remainder of such term or terms. The members of said Board shall not be members of the State Board of Health, nor any medical faculty.

Sec. 7. Be it further enacted, That the regular meetings of the Board shall be once each year, at such time and place as the Board may decide, but the President of the Board may call a special meeting whenever it is demanded by public necessity, the call to be issued by the Secretary and signed by the President.

Sec. 8. Be it further enacted, That the Board of Medical Examiners are authorized to elect such officers, and to form such by-laws as may be necessary for the efficient operations of the Board.

Sec. 9. Be it further enacted, That every person holding a certificate from the State Board of Medical Examiners or the County Court Clerk, shall have it recorded in the office of the County Court Clerk in which he resides, and the date of record shall be endorsed thereon. Until such record is made the holder of such certificate shall not exercise any of the rights or privileges therein conferred to practice medicine. Any person removing from one county to another to practice medicine shall record in like manner the certificate in the county to which he removes, and the holder of the certificate shall pay to the County Court Clerk the usual record fee for so doing. Practitioners in one county may go from one county to another on professional business without being required to register if they have done so in the county in which they reside.

Sec. 10. Be it further enacted, That County Clerks shall keep in a book provided for the purpose a complete list of the certificates recorded by him, with the date of issue of certificate and date of record. If the certificate be based on a diploma, he shall record the name of the medical institution conferring it, and the date when conferred. The Register of the County Clerk shall be open to public inspection during business hours.

Sec. 11. Be it further enacted, That the Board of Examiners shall keep a record of its proceedings in a book for that purpose, which shall be open for inspection, and shall record the name of each applicant, the time of granting a license, with the names of the members of the Board present.

Sec. 12. Be it further enacted, That the members of said Board shall receive as a compensation for their services ten (\$10) dollars per day during their sessions, and in addition thereto their hotel and travelling expenses by the most direct route to and from their respective places of residence to be paid out of any moneys in the treasury of the Board, upon the certificate of the President and Secretary. The Board is empowered to demand a fee of one (\$1) dollar for the issuing of each certificate. The fee for examination of non-graduates shall be ten (\$10) dollars. If the applicant fails to pass a satisfactory examination, and no certificate or license is issued to him, five (\$5) dollars only of his fee is to be retained. The fee for a certificate of temporary license shall be one (\$1) dollar, to be paid into the treasury of the Board, said fee to be accredited to the applicant when he applies to the Board for permanent license.

Sec. 13. Be it further enacted, That any itinerant vendor of any drug, nostrum, ointment or application of any kind intended for the treatment of disease or injury, or who may, by writing, printing or other method profess to cure or treat diseases or deformity, by any drug, nostrum, manipulation or other expedient, in this State, shall, if found guilty, be fined in any sum not less than one (\$100) hundred dollars, and not exceeding four (\$400) dollars for each offense, to be recovered in action of debt before any court of competent jurisdiction.

Sec. 14. Be it further enacted, That any person who shall practice medicine or surgery in this State without the certificate issued by the Board of Examiners or County Court Clerk as provided in Section 2, in compliance with the provisions of this Act, shall, for each and every instance of such practice forfeit and pay to the people of the State of Tennessee for the use of said Board of Examiners, the sum of twenty-five (\$25) dollars for the first offense, and two hundred (\$200) dollars for each subsequent offense, the same to be recovered in an action of debt before any court of competent jurisdiction. Any person filing or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of felony, and upon conviction, shall be subject to such punishment as is made and provided by the statute of the State for the crime of forgery. But this Act is not to be construed so as to prohibit the right of appeal; and when an appeal is prayed in behalf of the people, no appeal bond shall be required or filed, whether the appeal be from a Justice of the Peace or from a higher court; but it shall be sufficient, in behalf of the people of the State of Tennessee for the use of the Board of Examiners, to pray appeal, and thereupon appeal may be had without bond or security. Nothing in this Act shall be construed to apply to women who pursue the avocation of midwife.

Sec. 15. Be it further enacted, That the Secretary and Treasurer of the Board of Examiners shall give bond with good security, in amount sufficient to cover all moneys coming into his hands, for the safe keeping of the same.

Sec. 16. Be it further enacted, That the said Board shall have power to revoke any license or certificate issued by them, when, upon satisfactory proof, it shall appear that any physician thus licensed has been guilty of grossly, immoral or unprofessional conduct.

Sec. 17. Be it further enacted, That it shall not be lawful for the State Board of Medical Examiners, or any member thereof, in any manner whatever, or for any purpose, to charge or obligate the State of Tennessee nor any county therein, with any debt, nor the payment of any money; and the said State Board

shall look alone to the revenue derived from the operations of this Act for the compensation designated in Section 12 of this Act, and if said revenue is not sufficient to pay each member in full, as per Section 12, then the amount thus received shall be pro rated between the members. But if there should be a greater revenue derived than shall be sufficient to pay the members, as provided in Section 12, such overplus shall be paid to the Comptroller of the State, who shall receipt to the Board for the amount received and shall account for said money as other State revenue.

Sec. 18. Be it further enacted, That this Act take effect sixty (60) days after its passage, and all Acts or parts of Acts in conflict with this Act, be and the same are hereby repealed.

Passed April 3, 1889.

BENJ. J. LEA *Speaker of the Senate.*

S. L. CLAPP, *Speaker of the House of Representatives.*

Approved, April 4, 1889.

ROBERT L. TAYLOR, *Governor.*

Clinical Lectures.

DIGITAL DILATATION OF THE PYLORUS.*

BY J. M. BARTON, M. D., OF PHILADELPHIA,
Surgeon to the Jefferson College Hospital.

GENTLEMEN—The patient I bring before you is one who is slowly starving to death from obstruction to the pyloric orifice of her stomach. She now vomits nine-tenths of all the food she takes, and has lost more than one-third of her weight during the last year. She is 48 years of age, is a patient of Dr. Adams, of Vineland, New Jersey, and was in perfect health until five years ago.

During 1884, 1885 and 1886, she suffered with the symptoms of gastric ulcer—pain and vomiting immediately after eating,

*Delivered before the class of the Jefferson Medical College, February 16, 1889.

the vomiting occurring as often as six times in the twenty-four hours. She lost greatly in flesh and had two severe hæmorrhages, vomiting at one time, she states, nearly a gallon of dark-colored blood; this amount is probably greatly over-estimated. In 1877, all the symptoms of the disease left her, and for the greater part of the year, she enjoyed excellent health, weighing, in January, 1888, one-hundred and forty-three pounds, which was more than she had ever weighed in all her life.

During the last year, however, she has been very ill, with symptoms of pyloric obstruction, and she has lost flesh rapidly, weighing a few days ago only ninety-three and one-half pounds. She now vomits but once in twenty-four or forty-eight hours. This occurs when she lies down at night, and it is not accompanied by nausea. It is usually from one and a half to two quarts in quantity, and measures nearly and sometimes quite as much as all the nourishment taken since the preceding act of vomiting, twenty-four hours before. Many articles taken during the day can be recognized when vomited at night; indeed, she states that she has occasionally been able to recognize articles eaten as long as two weeks before. As she takes her meals she feels that her stomach is becoming more and more distended, and when she lies down at night, gravity brings the contents of her stomach into her throat, and they are then vomited. Her bowels are obstinately constipated, acting only once in twelve or fourteen days, and then only after frequently repeated large injections; purgatives administered by the mouth produce no effect. She has lately been able occasionally to feel a small tumor about the size of a hazel nut, two inches to the right of the umbilicus.

Her stomach is greatly enlarged; we have determined its size by distending it with carbonic acid gas developed from half of a Seidlitz powder, giving the soda and the acid separately. Her stomach reaches as low as the umbilicus and as far as the small tumor, though we cannot say that the tumor is connected with the stomach. If the vomiting depended upon inflammation of the stomach or upon an ulcer, it would probably occur immediately after eating. If it depended upon digestion, it would occur from half an hour to an hour after taking food; but when it

occurs, as here, only when the stomach is fully distended, is influenced by gravity, is not accompanied by nausea, and when, moreover, the matters vomited consist of several preceding meals, and there is a desire for food immediately after vomiting—we may be sure that it is due to some mechanical obstruction situated at or near the pylorus.

Now this mechanical obstruction may be due to a new growth, as some form of cancer, or it may be due to stenosis of the pylorus from contraction following the healing of an ulcer, and the history points distinctly to this latter condition. For, during 1885 and 1886, her symptoms were markedly those of gastric ulcer; under proper treatment the patient not only recovered but increased in weight until she was heavier than ever before. After a year of perfect health, vomiting, of a totally different character, occurred, being now distinctly obstructive. The history is too long for the trouble to be cancer; the average duration of life in gastric cancer, according to Brinton, is one year; the maximum duration, according to Bartholow, is three years; in the present case it is now five years since the first hæmorrhage. The complete recovery two years ago and the subsequent return of symptoms is not the history of cancer. The size and mobility of the tumor, if the tumor has anything whatever to do with the stomach and its symptoms, do not indicate cancer of five years' duration.

The character of the hæmorrhage is also against the diagnosis of cancer. In cancer small amounts of blood are lost quite frequently, whereas in ulcer the hæmorrhages are large and occur at long intervals. The absence of diarrhœa caused by an ulcerating cancer, and her freedom from any hectic or cachectic appearance, are also points against the probability that the disease is cancer.

The diagnosis is, therefore, non-malignant stricture of the pylorus, due to cicatricial contraction after the healing of an ulcer. We must be prepared to treat the obstruction even if it should not be of the character that the weight of evidence is in favor of. It might be a malignant tumor of the small bowel; if it should be so, and if it be far down, I shall excise that portion of the bowel as I did in a case I brought before you some time ago.

After excising the bowel I shall make a temporary artificial anus and place Dupuytren's enterotome at once in position for its cure. If it be a tumor of the bowel high up, an artificial anus cannot be made, as the patient would perish of inanition. I should then excise the bowel and growth and bring the divided ends of the bowel together, performing what is called a circular enterorrhaphy. If it should prove to be an extensive but non-adherent cancer of the pylorus, I might do a pylorectomy, excising the pylorus and growth and bringing the stomach and duodenum together. If it should be malignant and extensively adherent, I shall do a gastro-enterostomy, making an opening in the stomach and in a contiguous layer of jejunum, bringing the two in apposition with the aid of these two decalcified bone plates, which I have here. If it be malignant, but of recent origin and still limited to the mucous membrane, I shall open the stomach and with the curette scrape away the mass after the method of Bernays', of St. Louis.

But if it prove to be a simple stricture, as I hope and think it will, I will open the stomach and will then stretch the pylorus with these uterine dilators, these œsophageal forceps, and with my fingers. Will the pylorus stay dilated? Prof. Loreta, of Bologna, who first performed this operation, in 1882, has had a number of permanent successes; Mr. Hagyard, of England, reports upon a case fifteen months after operation, and states that the patient is still in admirable condition and there is no symptom of return. If it were not for these statements I should fear from analogy that it would re-contract, and I should then prefer the operation of Heineke, which consists in making a longitudinal incision, two inches long, through the pylorus, and in sewing it up transversely.

I shall slightly modify in two particulars the operation as performed by Loreta. He makes an incision five inches long on the right side of the middle line, from a point one inch below the xiphoid cartilage to one just below the cartilage of the ninth rib, and he makes the opening in the stomach close to the pylorus. In a case upon which I operated in this hospital about eighteen months ago, I found a small median incision through the abdo-

men answer every purpose and possess many advantages. As the tissues close to the pylorus are apt to be, and were in my previous case, thickened and infiltrated with inflammatory deposits, I shall make the incision in the stomach several inches distant from the pylorus.

The abdomen of the patient was prepared yesterday by washing it with turpentine, soap and water, and corrosive sublimate solution; cheese-cloth wet in the latter solution was then bound over the field of operation, and it is still on. The patient's stomach was washed out this morning with a solution of biborate of soda; the fluid was pumped in and out a number of times until it came away quite clear. She is now under chloroform, which I prefer to ether, as there is much less danger of its causing vomiting, which would endanger the result of the operation.

The hands and instruments being prepared antiseptically, and the field of operation surrounded by towels wrung out of carbolyzed water, I make a small median incision about three inches in length terminating just above the umbilicus; the cavity of the peritoneum is soon reached, clamp forceps having been placed upon all vessels as they spurted. The stomach is directly beneath the incision; it is readily distinguished from the transverse colon by the thickness of its walls and by the fact that the omentum hangs from its lower edge. The pylorus even from the outside is markedly contracted and irregular on its surface; there is no tumor here. Passing my finger to the region occupied by the tumor that we felt from the outside, I readily find it and bring it to the wound; it is evidently a scybalous mass—indeed, the entire colon is full of smaller ones; they need no attention.

Three inches from the pylorus the wall of the stomach feels quite healthy. I now fold the anterior wall of the stomach transversely, midway between the greater and lesser curvatures, and with a pair of sharp scissors make an incision about one and a half inches in length. I now introduce my index finger and feel for the pylorus; this movement produces some retching, which forces most of the stomach out of the wound. I will keep it here as it will be more convenient and there will be less danger of contaminating the abdominal cavity. With my finger

in the stomach the pyloric opening is readily felt ; it is about one-fourth of an inch in diameter, though its margins are quite hard. As I am unable to push my finger through it I introduce this small pair of uterine dilators beside my finger, and pass the blades through the small pyloric opening. By using considerable force I dilate the orifice until one finger enters, but the second will not until I again introduce the dilators and this long pair of œsophageal forceps, when I am able to introduce two fingers and to separate them slightly. This I will be satisfied with, though Loreta says he separated his fingers three inches. Mr. Hagyard, who had the first successful case in England, did not dilate the opening nearly so much, and McBurney lost one of his cases from hemorrhage following a rupture of the mucous membrane produced while stretching the pylorus.

There has been no bleeding from the wound in the stomach, though in several of the reported cases there was very free bleeding when the stomach was incised. The wound here being much further from the seat of the disease than it is usually made may account for the small amount of blood lost. I will now close it by first bringing the edges of the mucous membrane together by a continuous suture of fine silk, and then bring the peritoneal surfaces in contact by the continuous Lembert suture.

As there is no blood in the abdominal cavity neither irrigation nor drainage will be necessary. The stomach is now washed, the wound is again examined, and it is returned to the abdominal cavity. The abdominal wound is now closed and dressed in the usual manner.

The operation of digital dilatation of the pylorus was first performed by Loreta, of Bologna, on September 14, 1882. Up to 1884 he had reported four cases with two recoveries and two deaths. Since then he and other Italian surgeons have performed a number of operations with varying success. It has been rarely performed in Germany, England or America. The first successful case in England was published in 1887. I have as yet found only four cases reported in America, including a previous one of my own ; they all ended in death.

Note by Reporter.—The patient vomited about four ounces of blood, half an hour after the operation; but there has been no vomiting and no nausea since. She was nourished by the rectum until the fourth day; from then until the fourteenth day she was fed upon peptonized milk and broths; after the seventh day she took from forty-eight to sixty ounces of liquid nourishment in the twenty-four hours. Since the fourteenth day she has been fed upon a carefully selected solid diet. On the fortieth day after the operation she was able to eat eggs, mutton chops, oysters (raw and stewed), beef, chicken, lamb, potatoes, cream toast, bread and butter, milk and coffee. Her temperature has never been over 99° nor under 98° Fahr., since the operation. The abdominal stitches were removed on the ninth day. The patient is now able to walk about, is much stronger, and weighs one hundred and sixteen pounds. For the first two weeks after the operation her bowels were moved every other day by the injection of one drachm of glycerine. They now move naturally every day.—*Philadelphia Medical and Surgical Reporter.*

Selections.

A SUCCESSFUL CASE OF VAGINAL HYSTERECTOMY.—The following case is reported merely as a contribution to the history of hysterectomy in its relation to malignant diseases:

Mrs. F., aged 37, had suffered for nearly six months with persistent hemorrhage from the vagina. On examination by Dr. J. H. Grove it was found that the condition was due to epithelioma of the cervix. She was accordingly referred to me for operative treatment. There was nothing specially different, in either the history or the symptoms of the case, from what is found in other instances of this malignant disease.

I determined to perform vaginal hysterectomy. I accordingly dissected the anterior portion of the cervix from the wall of the bladder with a great deal of care, drawing the uterus down meanwhile by means of a pair of Volsella forceps. In a

similar manner, by means of an elliptical incision, I dissected up into the utero-rectal space. These steps were taken with a great deal of difficulty on account of the impossibility of getting a firm hold upon the softened tissue of the cervix. Although there was no involvement of the structures outside the uterus, the disease extended up the cervix until it almost invaded the body of the organ. This condition was not suspected at the time of operation, and it was not fully appreciated until the excised organ was laid open with the scalpel. With some difficulty I pushed my finger, in front of the uterus, upwards until it entered the peritoneal cavity. With this finger hooked above the broad ligament I then forced with my other hand one of the blades of the Doléris forceps through the posterior fold of the peritoneum. With the second blade, introduced in front, I finally succeeded in grasping the broad ligament to my satisfaction on the left of the uterus. With a pair of saw bladed scissors I then cut away the ovarian artery and the broad ligament on that side, leaving the forceps grasping the stump. Hemorrhage was thus effectively stopped.

I then inverted the uterus with very little difficulty, and after drawing down the fundus, placed the other pair of forceps on the right broad ligament. I found that the twisting of the broad ligament, due to inverting the womb, was a disadvantage; in fact, a mistake. The right broad ligament being thus twisted on itself had become much thicker than normal, in fact, was rope like at one edge; and it was impossible to close the forceps upon it as closely as was done on the other side where the ligament was thinner and broader. As a result, the ovarian artery, which lay in the grasp of the forceps, did not receive sufficient pressure to prevent hemorrhage. When the broad ligament was cut away by the scissors there was a spurt of blood. This was not at all a matter of moment, as it was very easy to throw a ligature around the open vessel, as the grasp of the forceps was perfectly able to hold the structures and enabled me to pull them down within reach. It took a long time, however, for Drs. Keen and Bower, who assisted me, to secure with ligatures all the vaginal vessels which were bleeding freely.

Three hæmostatic forceps were finally left in position, in addition to the Doléris clamps on the ligaments. The vagina was packed with iodoform gauze, and the patient reacted well. The hæmostatic forceps were removed the next day. The Doléris forceps, however, were allowed to remain in position for two or three days. In the meanwhile, the vagina was irrigated from the second day with distilled water, by means of a fountain syringe at a moderate height, though the pipe was not allowed to be inserted far up the vagina.

Distilled water was used throughout the operation. After the instruments had been boiled they were disinfected before the operation began by hydro-naphthol solution, in order to make them thoroughly aseptic. The vagina was also thoroughly disinfected before the operation by irrigation with sublimate solution. This was attended to for two or three days previous to the operation.

On the evening after the operation the temperature reached 100.2°, then it fell to almost normal, being recorded at 100° only on two occasions afterward. At the end of two weeks the patient was allowed to sit up in bed. Two days later she got out of bed, and at the end of three weeks she was sent home cured, though still feeble.

There was nothing in this operation or in the after history of the case to especially note, and, as I have said above, the case is merely reported as a contribution to that branch of surgery on which we need as much information as is possible.—*John B. Roberts, M. D., Surgeon to St. Agnes', St. Mary's, and the Jewish Hospitals, in University Medical Magazine.*

TREATMENT OF LOCOMOTOR ATAXIA BY SUSPENSION.—It is interesting to note that Motchoukowsky's method of treating locomotor ataxia by suspension of the patient with bands passing under the chin and occiput and under the arms, has been on trial in the nervous clinic of Professors Eulenburg and Mendel, in Berlin. The results obtained by these distinguished specialists in nervous diseases are stated by the *Berliner klin. Wochenschrift*,

February 25, 1889, to be in entire agreement with those we have referred to from Charcot's clinic. The patients are at first suspended for one minute, and gradually the time is lengthened until the limit of three minutes is reached, the suspension being practiced three times a week. About twenty patients have thus far been subjected to the treatment in the polyclinic in Berlin, and the distrust with which it was first regarded has given way, until now the patients look forward to it with eagerness and steadily growing confidence. Too short a time has elapsed to speak of cures or even of undoubted improvements, nevertheless they say it can be stated that a certain number of patients exhibit after the suspension an easier and freer gait, have less staggering and complain less of lancinating pains; in a few cases there has been also improvement in the bladder symptoms. Moreover, in their experience up to the present time, the treatment has been free from bad symptoms, and is evidently well borne by women.

They are careful, however, to add that the actual value of the treatment is still in doubt, and that physicians should be warned against forming precipitate and exaggerated hopes of it. This last statement obtains support from the experience of the treatment which has been had in the Infirmary for Nervous Diseases in Philadelphia. Fourteen patients have thus far been subjected to the treatment in that institution. As a rule the suspension has been well borne, but care is required to have the pressure equable—not more in the neck than in the armpits. Patients after the suspension is over are found to be unsteady when first let down, so that they are not released for a minute or so. The only unpleasant effect observed occurred in a patient who fainted during suspension, and had convulsive movements; he recovered, however, in a few minutes after being let down. While it is as yet too early to speak of the results obtained at the Infirmary, it is significant that there has not been in any case marked improvement.—*Phila. Med. and Surg. Reporter.*

· PHAGOCYTES.—There are in the body groups of tissues possessing cells, which either normally display amœboid changes, or are capable, under certain conditions, of assuming them. By

amœboid properties we mean not only the capability of free movement, but the possession of a power which enables a cell to take foreign particles into its interior. Tissues containing such cells are derived from the mesoderm, the type of which, phylogenetically, is a free wandering cell (Minot). In the development of this layer, epithelial and non-epithelial portions may be distinguished. For the former Minot has suggested the term mesothelium, and the latter His calls mesenchym. The distinction between the two is, however, largely artificial, as the epithelium may be, and in places is, in development changed into connective tissue. And, thirdly, there are in the mesoderm, at all stages of its development, certain cells which are free and independent—mesamœboids (Minot), and which persist subsequently as leucocytes.

These mesodermic cells in the adult body, which are capable either of free amœboid movements or of taking into their protoplasm solid particles of various sorts, are met with :

1. As the colorless corpuscles of blood and mucous.
2. The connective-tissue cells, free and fixed, within the connective tissue proper, or forming the supporting framework of the solid organs.
3. Cells of the spleen, bone, marrow, and lymph glands.
4. The vascular and lymphatic endothelium.
5. The alveolar epithelium of the lungs.

All of these cells possess, in a greater or less degree, the power of taking solid particles into their interior, virtually, as we say, of eating them.

On account of the possession of this property, Metschnikoff has suggested for these groups of cells the term *phagocytes*, as expressive of their most distinctive feature, and for the process in general the term phagocytosis.

He regards this function as a property handed down from the primitive unicellular organism, and traces in an interesting manner the evolution of cells possessing it throughout the animal kingdom ; attempting to show a genetic relation, physiologically at least, between the free living rhizopods and the cells of the middle germinal layer of the higher animals. Not a little of the

attractiveness of Metschnikoff's views is derived from the glamor of evolution thrown over them, by thus attributing the retention in certain cells of an atavie property in the highest degree useful to the organism.—*Extract from an address to the Society of the Alumni of Bellevue Hospital by Prof. Wm. Osler, M. D., in New York Medical Journal, April 13, 1889.*

PATERNITY BY PROXY.—Considerable excitement prevails here in medical circles respecting the subject of *artificial human fecundation*. You will remember the experiments in this regard which were made a few years since by a noted American specialist, and how much they amazed the profession—especially the English portion of it. Nevertheless, the matter has been revived here, and some of the most serious of the Paris faculty have gone largely into it, and with considerable success, at least pecuniarily. Indeed, women desirous of progeny are flocking to Paris from all quarters of the globe, to have the syringe accomplish that which nature has rendered otherwise impossible. How the child of this unnatural and doubtful paternity will relish the reflection that he is in reality a “son of a squirt” remains for the future to disclose; but, in the meantime, women are made happy, and the doctors grow rich accordingly. *Vive la blague!*

I never see a reference to this mode of procreation without recalling a story which circulated in my section of North Carolina when I was a boy. A couple, whose desire for progeny had not been realized after several years of faithful labor and anxious expectancy, visited the Virginia White Sulphur Springs under medical advice, with the result of a consummation of their wishes and the birth of a fine red-headed baby, some months afterwards. Unfortunately, the child only lived a few years, when the twain concluded to make another pilgrimage to the Springs, with the hope of repetition of their previous fortunate experience. The father, therefore, called up Jim, the coachman, one evening, and taking him into his confidence, told him to have the carriage ready for an early start on the following

morning—for every one went to the Springs in their own conveyances in those days. “Yes, Massa, I’ll have her ready to-morrow mornin’,” Jim answered; and then added, seemingly on reflection, “But if you and Missus is a gwine arter an nudder baby, taint no use.” “Why so, Jim?” “What do you mean?” was the master’s surprised inquiry. “Why, you see Massa, I hearn tell dat de young red-headed clerk dat used to be a flying aroun’ Missus when we was dar befo, is been dead dis goin’ on two year,” was Jim’s solemn response. It is hardly necessary to say that they remained at home that year, and never discussed the subject of an heir afterwards. Subterfuges and substitutes are so easily of accomplishment in this connection, that, in my judgment, it is far better for science to stand aside, and let nature take her own course, whatever may be the views of ambitious husbands and disappointed wives in regard to the matter.—*Paris Correspondence, Virginia Medical Monthly.*

SALOL IN HYSTERIC PAIN.—There is another painful affection which I have found great difficulty in relieving. It is that which sometimes attacks hysterical women, especially near the menstrual epoch. At some part of the body—over the sacrum, along the sciatic nerve, in one of the groins or in the breast—the patient will be seized with pain resembling in intensity that of dysmenorrhœa. This will continue for hours, resisting every attempt at relief. All the ordinary anodynes prove useless; morphine is only effectual in the largest doses, and in both my cases it could not be borne at all, as its administration was followed by violent cramp in the bowels. On one occasion I was compelled to administer chloroform, and it required over eight ounces before the intensity of the attack was broken.

This patient also suffers from chronic diarrhœa, and for this I gave her salol, one five-grain pill four times daily. The diarrhœa, which appears to be due to hyperæsthesia of the intestinal mucosa, was not benefitted in the least; but the muscular pains were unexpectedly relieved. The salol was continued through the next menstruation, and the attack of pain did not appear.

This experience has been repeated twice, and still there has been no attack.

This encouraged me to give the salol pills in another case of a similar character, after the attack had commenced. The relief was prompt and complete.

We thus see that, in two varieties of severe and protracted pain, hitherto resisting all measures instituted for relief excepting the use of anæsthetics, salol has succeeded completely. Should these experiences be confirmed by more extended trials, salol bids fair to become a rival of antipyrine as an anodyne. In all these cases the latter had been given without any benefit accruing.—*Wm. F. Waugh, M. D., in Phil. Med. Times.*

ANTIPYRIN IN SCIATICA.—Dr. Gabriel Covarrubias, of Lima, reports a case in which he cured sciatica with antipyrin. The patient had been confined to his bed for two months, and was unable to move his left leg. The hip-joint was so painful that the gentlest examination with the fingers could scarcely be borne. The slightest pressure over the gluteal, sciatic, and trochanteric regions made the patient cry out with pain. Sleep had been impossible for some nights, and there was considerable wasting. The severity of the symptoms, coupled with the fact that there was slight rise of temperature every evening, led Dr. Covarrubias to suspect the existence of an iliac abscess; and exploratory puncture was therefore made, with a negative result. Sciatica having then been diagnosed, injections of morphine in the affected part, anodyne applications, general anti-rheumatic treatment, salicylate of soda, iodide of potassium, sulphate of quinine, tincture of gelsemium, bromide of potassium, etc., all were tried without the least effect. Tonic treatment with iodide of iron, cod-liver oil, etc., proved equally futile. Antipyrin was then given in doses of fifty centigrammes, with an equal quantity of quinine, three times a day. The day after this treatment was begun the patient wished to get up; the pain had ceased, and he could move the affected limb quite freely. Ten days afterwards he left the hospital completely cured, and having gained considerably in weight.—*British Medical Journal.*

• **POISONING BY CITRATE OF CAFFEINE.**—The rarity of poisoning by caffeine (I cannot recall a case) suggests to me the propriety of recording the following :

At 9 A. M. before breakfast, a lady suffering from migraine took a dessertspoonful (equal to 200 grains) of pure citrate of caffeine in mistake for the granular effervescing form of the drug. I saw the patient immediately after the accident ; the only complaint she then made was as to the nauseating taste. I encouraged her to eat a little porridge before having an emetic. As soon as the porridge was eaten, faintness and nausea came on ; and a quarter of an hour after the reception of the poison there was semi-unconsciousness, grave depression, extreme pallor, all the muscles completely relaxed, and a decided inclination to sleep ; pulse slow, soft, and very compressible ; respiration slow and sighing. The treatment adopted was an early emetic (one-twelfth of a grain of apomorphia), which acted at once, and very completely, small quantities of brandy, the recumbent position and warmth. I may say there was a well-marked rigor about an hour and a half after the caffeine was taken. Consciousness was recovered about an hour and a half after emesis, and the faintness passed gradually away.—*T. Geraty in London Lancet.*

BROMIDIA AS A HYPNOTIC.—The success which this drug has achieved in France is somewhat remarkable. The French as a nation are remarkably conservative in everything save their politics, adhering tenaciously to the ideas and objects with which they are familiar, and regarding with corresponding suspicion all novelties and innovations, especially those coming from abroad. Hence it is that the materia medica of France has not marched *pari passu* with that of its neighbors. The bromidia (Battlé) at once attracted the attention of the French physicians, and their experience with it so developed their confidence in it as a prompt, reliable and harmless hypnotic that, in utter disregard of all that they had been taught and believed respecting the danger and unreliability of alien products, they

promptly accorded it a place in their repertoire of remedial agents, and are now using it as freely as any medicinal preparation included in the Codex. In no other country, in fact, does it enjoy a larger measure of popularity than in France, and so great is the demand for it that it has been found necessary to manufacture it here in large quantities in an establishment especially arranged and organized for that purpose.

As no extraneous influence have been brought to bear in its favor, it has had to make its own way in the face of opposition and prejudice of the most formidable character, upon the strength alone of its virtues as a remedy for insomnia and other corresponding disturbances of the nervous system, the conclusion is legitimate that it really possesses the therapeutical properties claimed for it, that it is a hypnotic *par excellence*, and without a rival.

To those familiar with the use of bromidia (Battle) no argument like this is necessary, for it speaks for itself by fulfilling the indications for which it is administered with a certainty, efficiency and harmlessness which elicit at once the delight of the prescriber, and give to the profession the assurance of possessing one remedy at least which approximates so near to infallibility of action as to justify the title of specific.—*Edward Warren-Bey, M. D., C. M., L. L. D., Chevalier of the Legion of Honor, in Medical Press and Circular, London, Eng., March 27, 1889.*

PREVENTION OF YELLOW FEVER.—Dr. Jerome Cochran, State Health Officer of Alabama, has written an open letter to the Birmingham *Age-Herald* on the subject of yellow fever disinfection, and in regard to the bitter and ungenerous manner in which he was denounced when he said that one of his patients in Decatur last year had died of yellow fever. Dr. Cochran says: "It is argued that Decatur ought to be disinfected as a matter of policy, to quiet the apprehension of the people and adjacent States. It is precisely this spirit of apprehension, and the spirit of panic that follows in its train, and which is mischievous beyond power of words to give expression to, that stands in need of rebuke."

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•

Let the people be taught again a great lesson. Let them learn that all the artificial means of disinfection that have so far been employed against yellow fever have proved to be comparative failures, while the great disinfectant which Nature sends to our aid—the beneficent frost of our winters—has never been known to fail.” It is a matter of great doubt whether sanitarians will agree with him that artificial means of disinfection against yellow fever have proved to be comparative failures. If frost alone is to be depended upon there seems to be no hope for Cuba.—*Journal of the American Medical Association.*

THE VALUE OF A TOOTH.—In a recent suit against a dentist for extracting a sound instead of an unsound tooth, the jury awarded a Boston man \$150 damages.—*N. Y. Medical Journal.*

Reviews and Book Notices

ELECTRICITY IN THE DISEASES OF WOMEN, with special reference to the application of strong currents, by G. BETTON MASSEY, M. D., Physician to the Nervous Department of Howard Hospital; late Electro-Therapeutist to the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases, etc., etc. Twelve mo., cloth, pp. 210, price \$1.50. F. A. Davis, Publisher, Philadelphia, 1889.

In the large field of usefulness developed by the advances and developments in the studies of electricity, there is no more important part than that pertaining to the diseases of women. In this excellent little monograph we have an admirable effort in getting up a complete treatise on the electrical treatment of female diseases. Only such conditions, however, receive notice in the treatment of which electricity has recently been urged upon professional favor. In addition to the author's personal experience, the successful labors of Apostoli, Engelman, Laphthorn Smith and others have been utilized.

THE YEAR BOOK OF TREATMENT FOR 1889, being a critical review of the practice of medicine and surgery during 1888. Twelve mo., cloth, pp. 344. Lea Brothers & Co., Publishers, Philadelphia, 1889.

The object of this book is to present to the practitioner not only a complete account of all the more important advances made in the treatment of disease, but to furnish also a review of the same by competent authorities.

Each department of practice has been fully and concisely treated, and care has been taken to include such recent pathological and clinical work as bears directly upon treatment.

The medical literature of all countries has been placed under contribution, and the work deals with all the more important matters relating to treatment that have been published during the year ending September 30, 1888.

Among the twenty-two contributors, all well known as able and efficient writers, may be mentioned J. Mitchell Bruce, Alfred Cooper, D. Berry Hart, Sir Dyce Duckworth, Malcolm Morris, W. J. Walsham and others.

THE VEST POCKET ANATOMIST. Founded upon "Gray." By C. HENRI LEONARD, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine. *Fourteenth Revised Edition*, containing 193 illustrations, "Dissection Hints" and Visceral Anatomy. Cloth, 12mo., 304 pages; price \$1.00. Illustrated Medical Journal Co., Publishers, Detroit, Mich.

The new fourteenth edition of this work has been increased in size by the addition of over 100 pages of text and one hundred engravings; the page of the book has also been somewhat enlarged to accommodate better the engravings. Besides being a very popular dissecting room companion, it has become also a very popular surgical case companion for the practitioner, since the illustrations show at a glance (being photo-engraved from the English cuts of Gray), the positions of all the important bloodvessels, nerves, muscles and viscera.

INTERNATIONAL POCKET MEDICAL FORMULARY, with an appendix, containing posological table; formulæ for inhalations, suppositories, nasal douches, eye-washes and gargles; hypodermic formulæ; use of thermometer in disease; poisons and antidotes; post-mortem and medico-legal examinations; ligation of arteries; urinalysis; differential diagnosis of eruptions; typhoid and typhus fevers; tables of pulse, temperature and respiration. By C. SUMNER WITHERSTINE, M. S., M. D., associate editor *Annual of the Universal Medical Sciences*; late House-Surgeon Charity Hospital, N. Y.; Visiting Physician to the Home for the Aged, (Little Sisters of the Poor), Germantown, Pa. Price \$2.00.

This little book is offered to the profession in the hope that it may meet a demand made known to the compilers by many of its members. The author has drawn freely from the therapeutic works of Ringer, Bartholow, Fothergill and others. We think this little volume will prove a valuable aid to, and meet the wants of the classes mentioned.

AMERICAN RESORTS, with notes upon their climate, by BUSHROD W. JAMES, A. M., M. D., Member of the American Association for the Advancement of Science; The American Public Health Association; The Pennsylvania Historical Society; The Franklin Institute, and The Academy of Natural Sciences, Philadelphia; The Society of Alaskan Natural History and Ethnology, Sitka, Alaska, etc. With a translation from the German by Mr. S. Kauffmann of those Chapters of "Die Klimate der Erde," written by Dr. A. Woeikof, of St. Petersburg, Russia, that relate to North and South America and the islands and oceans contiguous thereto. Intended for invalids and those who desire to preserve good health in a suitable climate. Octavo. 300 pages, cloth, price, \$2.00. F. A. Davis, 1231 Filbert street, Philadelphia, Publisher, 1889

This book does not aim at a scientific consideration of the subject of climatology, but has been prepared in the hope that it may be of some practical service to the numerous health seekers in search of information regarding our climate and health resorts. While it is intended for non-professionals, it will afford a valuable source of important information for medical men carefully arranged and well prepared.

The author directs attention briefly, but satisfactorily, to the many desirable places of resort found on this continent, most of them within the limits of the United States, which are important factors in the cure and prevention of disease. An excellent map of the United States is appended to the work.

A HAND-BOOK OF THERAPEUTICS, by SIDNEY RINGER, M. D., Professor of the Principles and Practice of Medicine in University College; Physician to University College Hospital, 12th edition, 8 vo, cloth, pp. 624. Wm. Wood & Co., Publishers, 56 and 58 LaFayette Place, New York, 1889.

That this valuable work¹ has reached a 12th edition, is ample evidence that the high standard previously reached has been well and worthily sustained. It is now so well known and so highly appreciated by medical readers that a criticism seems almost out of place. Yet while the author is so positive in regard to the remedial effects of drugs, and which may be questioned by some, we regard it as preferable to the hesitation and doubt manifested by other therapeutical workers.

We also think it commendable that greater consideration has been placed on the indications for the use of drugs in disease than on their physiological action. Granted that the latter is of importance; but the desire to accomplish the cure or relief of diseased action, in so far as we can, by the use of drugs, and a thorough understanding of clinical therapeutics is a *sine qua non* for the successful practitioner.

In preparing this edition, the author has carefully and thoroughly revised every portion, it is by no means a reprint, and he has added much fresh information, not only in regard to new remedies, but old ones as well.

By no means an unimportant part of the work are the well written preliminary chapters on Symptoms of Disease, which are lucidly considered by a master of the art. While the diet of the sick room is considered, and no less than 83 valuable formulæ for bedsides, much other reliable information and useful hints, the dietary of invalids are given, we think the author might

have had something to say in regard to pepsine, pancreatinine and like compounds.

The letter press, paper and binding are well worthy the excellent character of the work.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with illustrations, etc. Published monthly. Vol. 2. No. 1. April, 1889. William Wood & Co., Publishers, 56 and 58 Lafayette Place, New York.

As stated in our last number, the April number of Medical and Surgical Monographs, contains an excellent article on Diabetes and its Connection with Heart Disease, by Jacques Mayer, M. D., (Vienna), Carlsbad; and a full and very comprehensive consideration of Blenorrhœa of the Sexual Organs and its Complications, by Dr. Ernest Finger, Docent of the University of Vienna, together with an index to the preceding three numbers, January, February and March., constituting volume one. The subscription price of the twelve issues is only ten dollars, single numbers one dollar. An investment that will richly repay anyone.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX.

A Work of Reference for Medical Practitioners, edited by Alfred G. Bateman, M. B., R. S. Fancourt Barnes, M. D., Chas. L. Dana, M. D., Sir Morrell Mackenzie, M. D., Jas. R. Leaming, M. D., and others. Seventh year, 8 vo., cloth, pp. 520, price, \$2.75. E. B. Treat & Co., Publishers, 771 Broadway, New York, 1889.

This most excellent Annual comes to us again, in its seventh year, richly laden with the new developments of the preceding year. The first part is devoted to Therapeutics and New Remedies, and part second to New Methods of Treatment, Medical, Surgical, Gynæcological, Obstetrical and general.

The entire field of medical literature has been most carefully and thoroughly gleaned, and all new developments are concisely and lucidly considered. There is no reason why anyone should

longer remain in the back ground, or fail to avail himself of the latest ideas of progress with this book within reach.

In the first part on New Remedies, we find two most excellent articles, one on "Massage," by Thos. Stretch Dowse, M. D., and the other on "Electro-Therapeutics," by Kenneth Milliam, B. A., Cantab., M. R. C. S., which deal with the practical details of those remedial adjuncts, and which are especially valuable. Although both the first and second parts are arranged alphabetically, an Index of Diseases, and full general index make it a work of excellent and easy reference. The third part of the Annual contains an alphabetical list of the principal medical works published during the year, chiefly American; a list of Medical Publishers, and a list of Private Asylums and Homes for the Insane, Feeble-minded and Inebriates.

THE OPERATIONS OF SURGERY, a Systematic Hand-book for practitioners, students and hospital surgeons, by W. H. A. JACOBSON, F. R. C. S., Assistant Surgeon Guy's Hospital; Teacher of Operative Surgery, and Joint Teacher of Practical Surgery in the Medical School; Surgeon to the Royal Hospital for Children and Women, London. With one hundred and ninety-nine illustrations. Octavo, 1,000 pages, cloth, \$5.00; leather, \$6.00. P. Blakiston, Son & Co., Publishers, 1012 Walnut street, Philadelphia, 1889.

We fully concur with the following statement made by the author in his preface:

"This book is the outcome of a strong belief, which I have held for many years, that a work on Operative Surgery which aimed at being more comprehensive in scope and fuller in detail than those already published, would be of service to Practitioners and Students."

The following is a brief synopsis of contents of the work, giving the number of operations described:

Part I. Operations on the Upper Extremity (32 operations).
Part II. Operations on Head and Neck (69 Operations). Part III. Operations on the Thorax (4 operations). Part IV. Operations on the Abdomen (84 operations). Part V. Operations on

the Lower Extremity (46 operations). Part VI. Operations on the Vertebral Canal (2 operations). Appendix. Tapping and Incising the Pericardium. Index of Names. Index of Subjects.

Editorial.

TENNESSEE STATE MEDICAL SOCIETY.

Fifty-Sixth Annual Meeting.

FIRST DAY—MORNING SESSION.

The Tennessee State Medical Society met in its fifty-sixth annual session in the Senate Chamber of the State Capitol, on Tuesday, April 30th ult., with the largest attendance that it has ever had during its existence, no less than 185 members being in attendance. All parts of the State, the eastern, western and middle divisions were ably represented by earnest, able and progressive members of the profession. Active participants in the proceedings or patient listeners, were to be observed in such men as the venerable Dr. Thos. Lipscomb, one of the organic members of the Society, Dr. B. B. Lenoir, who before the days of railroads in the State, has rode on horse-back from his distant home in the lovely valleys of East Tennessee, to attend a meeting at the Capital, J. B. Murfree, J. Berrien Lindsley, Cowan of Tullahoma, Woodson and Swaney, of Gallatin, Beaumont of Clarksville, and other elder and well known men of the State sitting side by side, with the newly fledged graduate of the current year. All earnestly interested in advancing the interests of the healing art.

The Society was called to order at 10:30 o'clock by the President, Dr. T. J. Happel, of Trenton. Secretary, Dr. D. E. Nelson, of Chattanooga, and Treasurer, Dr. Richard Cheatham, of Nashville, were in their places. Drs. Charles M. Drake, of Knoxville, and C. W. Beaumont, of Clarksville, Vice-Presidents for East and Middle Tennessee respectively, were present. Dr. D. D. Saunders, of Memphis, Vice-President for the Western Division, was absent.

Prayer was given by Rev. Dr. Scroggins, of Mexico.

Dr. G. C. Savage, Chairman of the Committee of Arrangements, made remarks concerning railroad rates and entertainment.

Upon motion, the rules were suspended to allow the introduction of a resolution to reduce the initiation fee of members from \$5 to \$3, and to increase the amount of dues of non-attending members from \$1 to \$2. The resolution was tabled on motion of Dr. Roberts.

A recess was taken to allow the Committee on Credentials, composed of Drs. W. T. Briggs, J. P. C. Walker and G. W. Drake, time to prepare a report.

After the recess, Dr. J. S. Cain, in the absence of Chairman Saunders of the Committee on Legislation, made a verbal report of that committee. He detailed the progress of the medical regulation bill in the Legislature, and spoke favorably of the law. He believed it could be made effective if a proper judicious committee would watch its operations and from time to time report recommendations of changes. He submitted a resolution setting forth, that as the law, while in many respects is imperfect and objectionable, it is a step in the right direction, and if judiciously administered will result in the correction of many of the evils from which the profession and the public suffer; that in the opinion of this Association, it is a duty incumbent upon every reputable physician in the State, to lend his aid and influence to the faithful enforcement of the law, and to strive to obtain such future legislative amendments as may render the same most efficient in elevating the standard of honorable medicine in our State, and in protecting the public against the evils of ignorant quackery; further, that the Association repudiates the term *Allopath*, which by some means gained admission into the said act as a term of contradiction from *Homœopath* and *Eclectic*, respectfully declining to be side tracked with these dogmatists upon an exclusive "pathy," and re-asserting the broad dominion of regular or honorable medicine as embracing the entire field of medical agencies.

The report and resolutions were adopted.

Dr. C. W. Beaumont, of Clarksville, said the law was now upon the statute books as a result of forty years' labor, and no matter how imperfect it might be, it should be made as effective as possible, and the way to do so was by wise and judicious administration.

He offered a resolution which provided that the President of the Society should appoint two members from each grand division of the State, who, with himself, should act as a committee, to select four members of the Medical Examining Board, and suggest the same to the Society at 11 o'clock next day, and that the Society suggest these names to the Governor for appointment.

Dr. Thos. Lipscomb thought it would be better to select the nominee by ballot.

After some further discussion the Society adjourned to 2:30 p. m.

AFTERNOON SESSION.

The Society was called to order at 2:30 o'clock and the discussion of Dr. Beaumont's resolution continued.

Dr. J. B. Neil, of Lewisburg, thought that, as a matter of courtesy to the Governor, the Society should recommend names for appointment on the Board of Medical Examiners, but on no other ground could they do so. He wished to submit the question whether the Society could recommend men to the Governor without violating the Code of Ethics, inasmuch as they had nothing to do with the homœopaths and eclectics.

Dr. Savage read a telegram from Gov. Taylor, stating that he was unwell and would not be present at the meeting, and requesting that the Society recommend three physicians for appointment as Examiners, he reserving the right to appoint the fourth regular practitioner.

Dr. G. W. Drake, of Chattanooga, moved to amend Dr. Beaumont's motion so as to provide for the nomination of three Examiners instead of four.

Dr. Gardner, of Dyersburg, said the mass of the people in his section were opposed to having the State regulate medicine, and he thought the Governor should be allowed to make his own appointment without interference from the Society.

Dr. Duncan Eve favored the acceptance of the amendment and the nomination of a committee to select three Examiners.

Dr. Deering J. Roberts stated that the medical regulation bill was now a law. He was a law abiding citizen of the State of Tennessee, and would endeavor to abide by its laws. While the enactment was not such as was desired by the most ardent advocates of "Protection for Medicine," it was the law of the land, and he believed that the best plan at present was to keep our hands off, and as good citizens abide by the law. It had its objectionable features, as admitted by the representative of the committee to whom was appointed the duty of looking after its enactment. It had been accepted by the Society by a vote that is now on our minutes, and it seemed to him that it was now at least, as it had ever been, incumbent on us to keep our hands off. To take any farther action in regard to it, other than to obey the law as it stands, may evoke a question that had best not be

raised. This Society, every member of which, when he registered his name at this or preceding meetings, subscribed to and adopted as a rule of conduct the Code of Ethics of the American Medical Association. To take any farther action in this matter is a direct violation of that Code as evidenced by the following brief extract from Section 1, Article IV, of the Code, which he would ask the privilege of reading, together with the resolutions adopted by the American Medical Association at New Orleans. This extract and explanatory resolutions having a direct bearing on, and relation to the special designations mentioned in the law under consideration. This Society can no more recommend or suggest the appointment of an "Allopath" than it can that of a Homœopath, an Eclectic or any other "path." The extract is as follows: * * * * * "But no one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry."

The resolutions explanatory of this clause of the Code, which were formulated by a committee of the National Association, composed of Drs. N. S. Davis, of Chicago; A. Y. P. Garnett, of Washington; H. F. Campbell, of Augusta; Austin Flint, of New York, and J. B. Murdock, of Pittsburg, and read as follows:

"The following resolutions were adopted at the New Orleans meeting of the American Medical Association, April 30, 1885, and ordered appended to all future publications of the Code:

WHEREAS, Persistent misrepresentations have been, and are still being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and even some in the ranks of the profession, are led to believe those provisions exclude persons from professional recognition simply because of differences of opinion of doctrines; therefore, be it

Resolved, That Section 1, Article IV., in the National Code of Medical Ethics, is not interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who, in other respects, are entitled to be members of the regular medical profession. Neither is there any other article or Clause of the Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

Resolved, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper to assume a name indicating to the public a sectarian or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

Resolved, That there is no provision in the National Code of Medical Ethics in anywise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as indicating, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to promptly meet the emergencies occasioned by disease or accident, and to give a helping hand to the distressed, without necessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the opinion of the entire Code. But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who have voluntarily disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution."

With these facts of record, printed in our Transactions every year, he thought that the only thing left for the members of the Tennessee State Medical Society to do, was to leave the law severely alone, abide by it as long as it was a law, and with that view he moved to table the whole matter. The motion failed.

Drs. Lipscomb, Powell and Menees made vigorous arguments in favor of the appointments.

The motion was put and carried. Drs. Deering J. Roberts and W. F. Glenn asked leave to file their protests, which was granted.

This question being settled, the next business was a most excellent and practical paper which was read by Dr. J. E. Reeves on the "Use of the Microscope." This paper, contrary to the expectation of many of the members, was not a mass of technical terms, but a plain, practical elucidation of the necessity as well as the beneficence of the microscope as an aid to the physician and surgeon. Dr. Reeves made a very practical exemplification of the easy manipulation of this valuable adjuvant to the working physician or surgeon. We regret that we have not space to describe his clinical exemplification of the bacillus tuberculosis and other etiological factors of disease.

Dr. C. H. Lovelace, of Dukedom, then read a paper on Enlarged Tonsils with a report of a case of Excision, which elicited quite a lengthy discussion.

The President appointed as a committee to select nominees for Medical Examiners: Drs. Thos. Lipscomb, C. N. Cooper, G. W. Drake, T. K. Powell, J. W. Penn, C. W. Beaumont. The Society adjourned until 8 o'clock.

NIGHT SESSION.

The night session was held as a public meeting in the Theatre Vendome. A large audience, composed of members of the Society

and their friends, and many ladies and gentlemen of the capital city, were present, and a pleasant occasion had.

Music was furnished by the Italian band.

The meeting was opened with prayer by Rev. Dr. Fitzgerald.

The address of welcome was delivered by Dr. G. W. F. Price, Gov. Taylor not being able to be present. It is needless to say that the language of Dr. Price was chaste and elegant, his ideas appropriate, and that it was well received.

Dr. T. J. Happel, of Trenton, President of the Society, delivered an able address on Alcohol as a Medicine.

The following concert, under the direction of Mrs. A. H. Stewart, was excellently carried out and received much applause :

Vocal Solo, The Return, Millard—Mrs. A. H. Stewart.

Piano Solo, A, Lucia di Lammermoor; B, Pizzicato, Delibes—Miss Henrietta Wessel.

Serenade, Open Thy Lattice, Greig—Mrs. A. H. Stewart.

Violin Concerto, Raff—Miss Mamie E. Geary.

Bass Solo, Thursday, Molloy—Mr. Charles Hogan.

Grand Trio, Bohemian Girl, Balfe—Mrs. A. H. Stewart, Messrs. Stewart and Hogan.

The large auditorium of the Vendome was filled by an appreciative audience, and the first night's session of the meeting will long be remembered.

SECOND DAY'S SESSION.

The Society was called to order at 9:30 by the President.

Prayer was offered by Rev. C. D. Elliott.

Dr. T. J. Murray, of Butte, Mont., was invited to a seat in the Association.

Dr. Thos. Lipscomb, of Shelbyville, made a report of the Committee on Necrology, giving particulars of the death of Drs. J. M. Towler, of Maury, and H. H. Clayton, of Murfreesboro. Papers concerning each were read and filed.

The President named the following physicians who had died during the preceding year and whose deaths had not been reported: D. H. Lane, Calhoun; H. W. Purnell, Memphis, and B. F. Lackey, Lauderdale County.

Dr. D. J. Roberts moved that the name of the late Dr. Thomas B. Buchanan, of Arkansas, formerly of Nashville, be added to the list. Carried, and Dr. Roberts by vote of the Society was requested to

prepare a memorial of Dr. Buchanan for publication in the *Transactions* of 1889.

On motion of Dr. Plunkett the Necrological Committee was increased to one member from each Congressional District.

Dr. D. E. Nelson, Secretary of the Society, submitted his report, which was accepted and filed. It showed, previous to the meeting, two hundred and fifty-four members in good standing.

Dr. J. B. Murfree, of Murfreesboro, read an able and lengthy paper on Diseases Peculiar to Gestation.

This article excited lively discussion, which continued about two hours. Among those discussing it were Drs. O. C. Omohundro, Thos. Menees, Thos. Lipscomb, P. H. McKinney, L. C. Chisolm, W. A. Atchison, J. W. Maddin, Sr., W. A. H. Coop, W. F. Glenn. The paper was referred to the Committee on Publication.

Dr. Richard Cheatham, Treasurer, submitted his report for the past year, showing receipts amounting to \$367.67, and disbursements of \$536.35, leaving a balance of \$168.68 due the Treasurer.

The committee appointed to suggest names for recommendation to the Governor for appointment as Medical Examiners submitted its report, making the following nominations: East Tennessee, Dr. C. Deadrick, of Knoxville; Middle Tennessee, Dr. J. B. Murfree, of Murfreesboro; West Tennessee, Dr. D. D. Saunders, of Memphis, and alternate, Dr. J. W. Penn, of Humboldt. The report was adopted.

Dr. G. W. Foster, of Stevenson, Ala., was invited to a seat in the house.

On motion of Dr. W. F. Glenn, 3 o'clock was fixed as the hour of holding the annual election of officers.

The Society adjourned till 2 P. M.

AFTERNOON SESSION.

A resolution that Dr. Thos. Lipscomb be made an honorary member of the Society, and that from and after this meeting he be exempted from all dues, was carried.

Dr. Paul F. Eve, of Nashville, read a paper on Hip Joint Amputation, which he illustrated by a living subject, a colored man, who, on the 10th of last October, was accidently shot in the thigh by a 42-calibre bullet, and the amputation of whose right leg at the hip had been necessitated.

Dr. Roberts spoke of the operation as one of the comparatively

few successful cases of the kind. The paper was referred to the Committee on Publication.

Dr. F. M. Duke, of Wartrace, read a paper on Typho-Malarial Fever.

Three o'clock having arrived, the election of officers was taken up, and the selection of a President declared in order.

The first nomination was that of Dr. Duncan Eve, by Dr. G. A. Baxter, of Chattanooga, as follows :

"Mr. President and Gentlemen : I take pleasure in presenting to you to day for your next presiding officer, a gentleman who has from his entrance into the profession, been one of the greatest factors in this Society for its maintenance and its building up, and whose father before him, with Dr. Lipscomb, might be called a joint father of this Society. In all its meetings that I have attended, and I have been attending them ten or twelve years, I have always found him here at work, heart, mind and soul in its interest. In the intervals, I have found him frequently at work for its behalf in the same way. I speak of this matter more particularly, because I know that at one time in the past, feeling that others were more entitled to the office, he refused the nomination urged upon him by his friends, when it seemed possible and probable to me that the gift lay within his grasp. He needs no encomium, nor do I propose to utter any. His work as a man, as a surgeon, as a physician, speaks for itself. I have the honor of nominating Dr. Duncan Eve, of Nashville." [Applause.]

Dr. J. B. Neil, of Lewisburg, seconded the nomination, and said he did it not alone because of the love and affection that the profession had for roots of the old stock, but for the young twigs that were now growing higher and higher, and expanding wider and wider, and whose rule would be an honor to the Society and its parental authority.

Dr. J. B. Murfree, in a neat address, nominated Dr. C. W. Beaumont, of Clarksville.

The ballot resulted : Eve, 79 ; Beaumont, 55. Dr. Eve was declared elected and was escorted to the stand by Drs. Savage and W. F. Glenn. He was introduced by Dr. Happel. He said he would not consume the time of the meeting by a speech, but he was thankful for the honor, and would be satisfied if he should make as good a President as Dr. Happel had proven. The following Vice-Presidents were elected ; East Tennessee, Henry Berlin, of Chattanooga ; Mid-

die Tennessee, Jas. B. Neil, of Marshall; West Tennessee, J. P. C. Walker, of Dyersburg. The committee appointed to audit the report of the Treasurer reported the same as correct. Drs. D. E. Nelson, of Chattanooga, and Richard Cheatham, of Nashville, were unanimously re-elected Secretary and Treasurer respectively.

After considerable discussion, in which the claims of Chattanooga, Tullahoma and Jackson were ably championed, Memphis was selected as the place of the next annual meeting, to be held the second Tuesday in April, 1890.

A paper on Laparotomy in visceral gunshot and incised wounds was read by Dr. C. S. Briggs, of Nashville. A paper on Heterophilia was read by Dr. G. C. Savage, of Nashville, and illustrated by a number of patients.

The Society adjourned to 8 o'clock.

NIGHT SESSION.

The Society was called to order by the President at 8 o'clock.

The Secretary read a letter from Dr. J. R. Rathmel, of Chattanooga, regretting his enforced absence, and enclosing a paper on Tubercular Meningitis. The paper was referred to the Committee on Publication.

A paper prepared by Dr. J. A. Cook, who was forced to leave during the afternoon, was also handed in and referred.

Dr. R. F. Keys, of Nashville, read a paper on the Physiological Action of Alcohol. After some discussion it was referred to the Committee on Publication.

The next paper was read by Dr. C. W. Beaumont, of Clarksville, on Asphyxia Neonatorum.

This paper was discussed by Drs. W. A. Atchison, W. F. Glenn, Haynes, R. F. Keys, J. S. Cain, Deering J. Roberts, Powell, Moss, McKinney, W. M. Vertrees and others, as to the best means of resuscitating apparently still born infants.

Dr. W. F. Rochelle, of Jackson, read a paper on Long Standing Uterine Displacements Incurable; What Shall We Do With Them?

This was discussed by Drs. Randolph, Cook, of Crockett; LeRoy Brown and others.

The papers read were referred to the Committee on Publication.

At 10:30 o'clock the Society adjourned to meet at 9 o'clock next morning.

THIRD DAY—MORNING SESSION.

The Association was called to order at 9:30 o'clock by President Happel.

Prayer was offered by Rev. Dr. C. H. Strickland.

Dr. T. J. Happel announced that he would now turn over the gavel of office to the newly elected President, Dr. Duncan Eve. He thanked the Society for its favorable treatment of him and said that while he had labored to faithfully discharge his duties, the unprecedentedly large meeting this session was mainly due to the efforts of the Secretary, Dr. D. E. Nelson.

Dr. Eve called the body to order.

Dr. L. R. Moss moved that a resolution of thanks be tendered Dr. Happel for his excellent administration as presiding officer of the Association. The motion was seconded and carried unanimously by a standing vote.

Dr. J. D. Plunket stated that there was in the library of the State Board of Health a printed copy of the report of the proceedings of the Medical Society for 1853, which he believed to be the only one published before the war now in existence. This contained a full list of members up to that date, all the other records before the war having been destroyed.

A motion that a committee of three, of whom Dr. Plunket should be Chairman, be appointed to make a synopsis of this report for publication was adopted.

A motion that the President appoint a new name in the place of any member nominated for State Medical Examiner who might resign was carried.

The thanks of the Society were returned to the Secretary and the Treasurer, and \$50 voted to the former in some recognition of his services.

Dr. Deering J. Roberts moved that the Society pass a resolution requesting the Legislature at its next meeting, May 7, to pass the bill providing for the registration of births, deaths and marriages. After much discussion the resolution was adopted.

A paper on Report of Surgical Cases prepared by W. B. Wells, of Chattanooga, who was unable to be present, was read by title and referred to the Committee on Publication.

The next paper was read by A. J. Swaney, of Gallatin, on The Wire Corset in the Treatment of Spinal Affections, with exhibit. It was discussed and referred to the Publication Committee.

Dr. W. D. Haggard, of Nashville, read a report of Four Abdominal Sections, one of which was a successful case of hysterorrhaphy, which was discussed at length.

A paper was read by Dr. C. N. Cooper, of Cleveland, on the subject, Report of a Case of Self-Castration and a Case of Ovariectomy with Complications.

Dr. F. T. Smith, of Chattanooga, made an exhibit of Surgical Instruments.

A paper by Richard Douglas, on Hysterectomy, was read by title and referred.

W. F. Rochelle, of Jackson, read a paper on Gonorrhoea and its Treatment.

Dr. T. A. Atchison was requested to prepare for publication his remarks on Recent Additions to Our Pharmacopœia.

Dr. Richard Douglas, by request, made a talk on his recent visit to Europe.

A vote of thanks was extended the Committee of Arrangements, the press, railroads and hotels.

After announcing the following committees, the President declared the Society adjourned until the next annual meeting at Memphis:

Committee to wait on the Governor to urge the appointment of the physicians nominated by the Society for the Examining Board—Drs. G. S. Glenn, J. S. Cain and J. D. Plunket.

On Credentials—Drs. T. J. Happel, A. P. Warterfield, W. F. Crunk, G. B. Thornton, G. A. Baxter, J. D. Plunket and M. Campbell.

On Arrangements—Dr. D. D. Saunders with power to appoint the others.

On Publication—Drs. D. E. Nelson, D. J. Roberts, C. S. Briggs, W. M. Vertrees, P. D. Sims, J. B. W. Nowlin and J. M. Coyle.

On Necrology—First Congressional District, Dr. N. T. Dulaney; Second, Dr. C. Deadrick; Third, Dr. P. D. Sims; Fourth, Dr. T. M. Woodson; Fifth, Dr. Thomas Lipscomb; Sixth, Dr. J. D. Plunket; Seventh, Dr. B. J. Harlan; Eighth, W. C. Crook; Ninth, Dr. T. K. Powell; Tenth, Dr. F. L. Sim.

Delegates to the American Medical Association—Drs. G. B. Gillespie, T. K. Powell, W. H. Harris, A. P. Warterfield, Richard Douglas, W. F. Glenn, W. J. Miller, C. N. Cooper, B. B. Lenoir, W. F. Crunk, W. K. Sheddan, B. J. Harlan, J. A. Witherspoon, J.

H. Tripp, W. A. H. Coop, D. E. Nelson, M. Campbell, T. J. Happel, D. C. Savage, T. R. Moss, A. J. Swaney, N. T. Dulaney, Paul F. Eve, J. Berrien Lindsley, J. W. Penn, C. W. Beaumont, D. J. Roberts, A. B. Brown, J. B. W. Nowlin, J. D. Plunket, F. M. Hughes, J. W. Maddin and F. B. Sloan.

NECROLOGY.

DECEASE OF M. CHEVREUL.—This distinguished chemist, who had seen more of time in this world than falls to the lot of mortals usually, died in Paris, April 9, at the age of 103 years nearly. His lifetime includes nearly all that has been known of scientific chemistry, for Priestly's discovery of oxygen antedated him but a few brief years. His lifetime was a busy one, for his own researches and discoveries, were numerous, and keeping pace with the changes and new discoveries, he was until within a few years past equal in science to any of his younger associates. Honor and competence were accorded him, and his old age was comfortable through the excellent habits of a well-ordered life.

DR. J. H. KIDDER, of the Smithsonian Institution, died in Washington, D. C., April 8, of pneumonia. Dr. Kidder served as a surgeon in the Navy until about twelve years ago. when he resigned and became connected with the scientific branch of the Government service.

SAMUEL W. GROSS, M. D., Philadelphia, Pa., Professor of Surgery in the Jefferson Medical College, died on Tuesday the 16th inst., at the age of 52 years. He was a son of the late Samuel D. Gross, so long at the head of the surgical profession in this country, and was born in Cincinnati, O., while his father was occupying the chair of Pathological Anatomy in the Medical College of Ohio. He was educated in Shelby College, Ky., and graduated in medicine at Jefferson Medical College, Philadelphia, in 1857. He entered directly upon the practice of his profession in the last-named city. He served as Brigade Surgeon and Major of Volunteers through the Civil War, and was brevetted Lieutenant-Colonel at its close. He has made several valuable contributions to medical literature, for the most part on surgical subjects. Perhaps his "Practical Treatise on Tumors of the Mammary Gland" contributed more to enhance his reputation as a

writer than any other. Although he had filled the chair of Surgery only since his father's death in 1884, he had earned a good reputation as a didactic and clinical teacher. His death came unexpected, in the vigorous period of manhood.

DR. EDWARD T. BRUEN, Assistant Professor of Physical Diagnosis in the University of Pennsylvania, died of pneumonia, March 31, 1889, at the early age of 39 years. He was the author of a creditable work on the "Physical Diagnosis of the Heart and Lungs, and visiting physician to the Philadelphia and German Hospitals.

DR. THOS. B. BUCHANAN, formerly of this city, died at Hot Springs, Ark., April 25th, where he had been residing for some years past. He was the only son of the late Prof. A. H. Buchanan, M. D., of Nashville. He graduated at the Medical Department of the University of Nashville in 1857-8, and was made pro-sector to the chair of Anatomy. He served as Surgeon in the C. S. A. War, Professor of Anatomy in the Medical Department University of Nashville subsequent to the civil war, and in 1877 accepted the chair of Anatomy in the Medical Department University of Tennessee. In 1879 he was made Emeritus Professor of Anatomy in the latter institution, which position he held at the time of his death.

In professional attainments he ever stood at the head, and was recognized as the best and most skillful Anatomist in the South.

THE MEDICAL PRACTICE ACT.

We publish in full in this number the bill which has passed both houses of the General Assembly and has been approved by the Governor and is now a law, and will go into effect on or about June 4th prox. It is not what was desired by the most ardent advocates of "Protection by Law for Medicine." But it is now a law. Under its provisions, at any time after the 4th day of June, and within six months succeeding, all who are then engaged in the practice of medicine or surgery—doctor of medicine, Homœopath, Allopath, Eclectic, Physio-path, Vita-path, Negro-path, Indian-path, Root and Yarb-path, or any other path, idiom or sect, will be required to go to the Clerk of the Court of the County in which they reside and have him register their names, take a copy of the same and forward it to the Board of Examiners, and they are then and thereby authorized to cut, cure,

carve, kill or in any manner treat their fellow men for any and all the ailments to which this poor, frail, mortal-body is liable.

Yes, yes, our good friends of the "Protection Theory" have got it with a vengeance. But they say that "it will protect in the future," Bah! Such a ridiculous farce surely cannot long encumber our statute books. The financial provisions made for the maintenance of the Board of Examiners will not prove sufficient to oil the wheels of its machinery for more than one year, if that long.

The law has most effectually placed on an even footing—on an equality, the most ignorant pretender, the most unscrupulous charlatan with the ablest and most honorable members of the medical profession. Well, well, if others can stand it I guess we can. Any how, it is none of our funeral.

CAMPHO-PHENIQUE.—It is a well-known fact, frequently observed by all physicians, that granulating surfaces, as well as fresh wounds, the result of accidents or of operations, become infected with septic germs. These germs give rise to either erysipelatous, pyæmic, phlegmonous inflammations, or they are of a kind which produces a milder sub-acute inflammation which retards the healing process, often leading to weeks and months of indolent suppuration.

Since the remarkable preparation called Campho-Phenique was brought to my notice, some two and one-half years ago, I have been using it in its pure state, on absorbent cotton and gauze, as a dressing for all wounds. I now desire to state that since that time my cases have been entirely free from the forms of infection above referred to.

This preparation commends itself to the profession: 1st. Because it is the result of scientific experimentation by scientific men. 2d. Because the tests as to the efficacy as a germicide were conducted in a scientific manner, by scientific chemists and bacteriologists. 3d. Because the preparation was introduced to the profession in a proper, ethical manner, and without the exaggerated and unprofessional horn-blowing in the newspapers.

A. C. BERNAYS, M. D.

St. Louis, February 24, 1889.

ONE BLOCK FROM ELEVATED.—In going to New York to stay a day, a week or month, you want moderate prices and central location. The Sturtevant House, Broadway cor. 29th is convenient to all amusements, and nearly 2000 cars pass its doors daily.—*Home Journal*.

THE NASHVILLE BANNER.—We want an agent in every community, and besides the usual commission allowed, we are offering a special list of cash prizes to parties who receive and forward subscriptions to the *Weekly Banner*. Send for circular The *Weekly Banner* is the best weekly published in Tennessee. It contains more news and a greater variety of reading matter, and is worth the subscription price of \$1.00 to anyone who wishes to keep informed on the current events and discussions of the times. It gives the news impartially, and discusses public questions freely and frankly. Its various departments are entertaining and instructive, and it is a paper which should be in every home circle.

BANNER PUB. CO., Nashville, Tenn.

NORTH TEXAS MEDICAL ASSOCIATION.—We desire to acknowledge with thanks, the receipt of an invitation from J. T. Wilson, M. D., President, to attend the next meeting of this Association which will be held in Paris, Tex., on June 11th, 12th and 13th.

GNORRRHCEA.—Robert S. Anderson, M. D., Spennymoor, Eng., says: I have found your S. H. Kennedy's Extract of *Pinus Canadensis* of great service as an injection, in cases of gonorrhœa.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

WE ALWAYS STOP THERE.—A very pleasant, convenient and popular hotel is the Sturtevant House, New York, Matthews & Pierson, Proprietors.—*Express*.

CONTENTS FOR MAY, 1889.

ORIGINAL COMMUNICATIONS:—

Report of a Successful Hip-Joint Amputation, by Paul F. Eve, M. D.	185
Evolution vs. Evolution, by T. P. Crutcher, M. D.	190
Regulation of the Practice of Medicine and Surgery by Law.	192

CLINICAL LECTURES:—

Digital Dilatation of the Pylorus, by J. M. Barton, M. D.	197
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SELECTIONS:—

A Successful Case of Vaginal Hysterectomy	203
Treatment of Locomotor Ataxia by Suspension	205
Phagocytes	206
Paternity by Proxy	208
Salol in Hysterical Pain.	209
Antipyrin in Sciatica.	210
Poisoning by Citrate of Caffeine	211
Bromidia as a Hypnotic	211
Prevention of Yellow Fever	212
The Value of a Tooth.	213

EDITORIAL, REVIEWS, ETC:—

Book Notices	213
Tennessee State Medical Society	219
Necrology.	230
The Medical Practice Act	231
Campho-Phenique	232
One Block from Elevated	232
The Nashville Banner.	233
North Texas Medical Association.	233
Gonorrhoea	233
Sander & Sons' Eucalypti	233
We Always Stop There.	233

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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No. 6.

Original Communications.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.*

BY J. S. NOWLIN, M. D., OF SHELBYVILLE, TENN.

I believe our nomenclature sometimes leads to a mistaken pathology.

The disease which we have been accustomed to term cerebro-spinal meningitis, is not in my opinion an inflammatory lesion, though the name at once and irresistibly directs our thought to an inflammation of the coverings of the brain and spinal column. Inflammation of these membranes does not differ from inflammation in tissues of like character in other parts of the body.

In all the different tissues of the body, this lesion has as great or greater uniformity in manifestation, than any other morbid process with which we are familiar.

It is true that the process is modified in accord with the particular structure, whether it be osseous, muscular, aveolar,

* A paper read before the Bedford County Medical Society.

mucous or serous. There must be, however, too much blood, with stasis, followed by a transudation or exosmosis of the corpuscles into the surrounding tissues, these corpuscles being arrested and out of proper relationship, swell from the absorption of fluids. They then break down themselves and destroy the tissues around, resulting in pus, or they are absorbed, ending in resolution, or in other instances, softening.

The death or recovery which follows such process is not preceded as a rule by such phenomena as we observe in cerebro-spinal meningitis, so-called.

Aitkin says, in all epidemics, cases have occurred in which no appreciable changes have been found in the cerebro-spinal membranes. These cases, exhibiting no evidences of change, were as often found when the patient had lived several days as when death occurred within a few hours.

Dr. Burdon Sanderson found "the gelatinous substance, together with the cell-like bodies in the sero-purulent fluid which occupied the spinal sub-arachnoid space, and also in the ventricles, though exhibiting corpuscles and granules floating, yet under the microscope, did not present that uniformity of size and character which are met with in normal pus. Occasionally they exhibited the appearance of an external cell membrane, but in most instances they could not be made out, even in perfectly fresh exudations, in cases that were examined as early as eight hours after death. They invariably contained granules, some of which cleared away on the addition of acetic acid. Those remaining were highly refractive, but did not assume any special form of arrangement."

Two interesting cases were reported by Dr. Linc, of Philadelphia, in the *American Journal of Medical Sciences* for the months of July 1864 and 1865. One was an adult female, and the other a child aged eighteen months. One of these cases died in twelve and the other in fourteen hours after being seized in the midst of perfect health. In both cases the cerebro-spinal meningeal vessels were filled with black blood, but there were no traces of inflammation and the substance of the brain and the medulla oblongata was natural in appearance and consistency.

This line of argument might be greatly prolonged, with statements of eminent observers and investigators in pathology, but this will suffice for the purpose of this paper, and I pass this part of the subject with the remark that nothing should be called inflammation which does not uniformly present the pathological characteristics of that lesion.

If it is not an inflammation of these membranes, the question at once arises, to what cause then shall we look as productive of the peculiar and marked phenomena found in this disease?

In answering this the most logical conclusion looks to a malarial congestion of the nerve centres, as being capable of setting up all the varied symptoms and sequelæ met with in this fearful trouble. It will be admitted that the word congestion is not just what we want, and indeed, I do not think it essential, but I do put weight and stress on the term malaria, as the cause, and the nerve centers as the seat of the affection.

Here, then, is the thought desired to be set forth in this paper—that is to say: the etiology is malaria, and the pathology is found in the nerve centers. The proof is found in the following compilation of facts:

The epidemic influences which produce this disease have been prevailing in Shelbyville and vicinity from December last. From that time to the first of April I have seen a few of the most marked and malignant types, together with the manifestations of this disease in every conceivable shape.

In December Mr. H., aged 44, was attacked. He had not been well for two or three weeks; he had pain in shoulder and neck, and pain in the arms and back. He kept up his work on his farm and attributed his pain to rheumatism. He came to Shelbyville and returned on Saturday, a distance of four miles; during the day his nose bled freely, this had also occurred on different days previously; he complained somewhat the same way on Sunday. Sunday night at 8 o'clock he had a chill, head, neck and eyes pained him intensely. His knee-joints were excessively painful; his throat was sore. In less than an hour he was delirious and almost entirely deaf.

Dr. Ab Ryal was called to see him, and found his pulse

about 90, and bounding, with a temperature of 100. He could be kept in bed only by the greatest efforts of two or three strong men. He put him upon the bromides, with heavy mercurial purgatives, and large doses of morphia. He also cupped him, and poured large quantities of well water on his head.

At 11 o'clock Monday night, after he had been sick twenty-four hours, I saw him with Dr. Ryal. He was hardly conscious of his surroundings, his mind was entirely obscured, and he was very deaf. He could see with difficulty, and there was ptosis of the lid of the left eye. The pupil of one eye was much more dilated than the other, and both were slow in responding to light. He was continuously tossing, and when he was still for a moment, it was on the side, and never on the back. He was constantly desiring to micturate, but voided his urine with the greatest difficulty. He had red spots on his body, face and arms, from the size of a pin point to a five cent piece. His knuckles and wrists were especially red; his skin was in the highest state of hyperæsthesia I have ever seen; pressure upon the hand would produce contraction of the muscles of the face. There was an herpetic eruption on his lips and around the mouth. The head was slightly drawn backward. He had a distressing nausea, vomiting from the beginning.

We gave him six drops of veratrum every three hours, and ten grains quinine every hour until six in the morning, having given the first dose of quinine at about half past 11 o'clock. Although he vomited frequently, we thought he had retained most of the quinine. At 6 o'clock in the morning his symptoms were very much relieved. He was rational, could see fairly well, though one eye squinted; stomach better, and he had lain quiet and slept some. He drank some milk and had had a free and copious action from the bowels.

The quinine was suspended until evening, the veratrum was not given after 4 o'clock in the morning. He had morphia, bromide of potassium, and tincture of gelsemium through the day. He passed through the day Tuesday better than on Monday. As the night approached his ugly symptoms all returned,

and notwithstanding the quinine and every other available means were pressed through the night, it was quite evident on Wednesday morning that he must die, which he did about 9 o'clock Wednesday night. On Tuesday his son, thirteen years old had a chill, followed by pain in nape of the neck, sick stomach, headache and sore throat, pain in the back, and the peculiar pain about the joints of the lower limbs. He was given quinine and calomel, and recovered in a few days with very little trouble. He had a similar epistaxis to that of his father. He had no eruption.

On Friday forenoon, Mr. H.'s little daughter, aged five years, apparently in fine health, and out in the yard at play, came hurriedly to her mother, and complained of a pain in the abdomen, in the region of the umbilicus. She soon had a shivering, followed by pain in the head and neck. Pulse 140, breathing rapidly, with an occasional sigh, temperature 103; delirium and sick stomach, marked opisthotonus, skin hyperæsthetic. She lost the sight of one eye from infiltration of the cornea, which became perfectly white, and she had the red eruption. She was bathed, given gelseminum, quinine in large doses, and nothing was left undone that promised relief. She died on Monday night.

Enquiry developed the fact that Mr. H. had not been well all the autumn, that he had pains in the shoulders, neck and arms, which he thought was rheumatic.

This family lived on the side of a considerable hill. The front of the house was three or four feet above the surface, while the rear was resting on the ground. The ground around the rear and South side of the house was continually damp. The water that the family drank for the most part, was from a spring, which had been dry during the summer months. It had been walled up years ago with wood, which is now in a state of decay. The washing of soil, leaves and grass, and every conceivable thing, had lodged for years within this walled enclosure. When the stream from the spring began in the autumn, it was very sluggish. Here, in my opinion, is found the source of the cause of sickness in this family.

On March 6th, Will G. was attacked with shivering, followed by intense pain in head, neck and back, and bowels. His knee-joints were painful, and had sore throat. He had been very unwell for several days. His nose had bled several times. The cold stage was followed by contractions of the muscles of the arms and hands. He had spells of difficult and rapid, panting, breathing; his pulse and temperature were normal. He was attacked about 10 o'clock on Wednesday, the 6th of March. Dr. Will Orr was called to see him, and gave him anodynes, bromides, mustard and calomel. Dr. G. L. Landis saw him that afternoon. I should mention that he was boisterously delirious from the beginning and had sick stomach. He had spots on the face and herpetic eruption of the lips. On Thursday afternoon I was called to see him, with Dr. Orr, and found the patient as above stated. We gave him large doses of quinine, calomel and morphine; the morphine did not affect him pleasantly. In eight hours we had given him eighty grains of quinine, would have given him the same amount in less time, but had to be governed by the nausea. We also gave him every four hours one drop of carbolic acid with three drops of tincture of iodine in water. He had large quantities of cold water on the head, at first, but it was soon noticed that hot water had the most desirable effect, as it quieted him for the time being.

He recovered in about twelve days. I may mention that after being up a few days and walking a quarter of a mile to a neighbor's, he had a relapse, in which many of the first symptoms recurred, as I am informed by Dr. Orr. He has at this writing entirely recovered. His sister had the same symptoms, not so severe; she recovered.

On March 24th, G. C., aged 21, living in Shelbyville, had a chill, followed by fever; pain in head intense, pain in neck, back and limbs, especially in calves of legs and knee-joints, hyperæsthesia of skin and sick stomach. Temperature 103, pulse 100, tongue broad and coated. He had red spots on hands, wrists and body. I saw him at 10 o'clock Sunday night, the 24th. At this time he was only slightly delirious. Gave him

ten grains calomel and forty grains quinine during the night, with sufficient morphine to keep him quiet. Monday morning, temperature lower, and pulse 90; pain in head more intense and patient somewhat stupid. Considerable deafness and muttering delirium. He was given bromides, with gelseminum, ergot and calomel. He also had the tincture of iodine and carbolic acid mixture. Quinine was given as rapidly as possible. Dr. T. S. Hardison, of Lewisburg, saw him with me. On Thursday afternoon he had a convulsion. Thursday night the convulsions recurred several times and his right side became paralyzed. He died Friday afternoon, having been sick five days.

These cases were of the most malignant type. Quite a number of cases, more mild, were treated during the months of January, February and March. They had the erratic pains, which were felt in different parts of the body. Headache, pain in nape of neck and in lower limbs. Many cases had redness of the skin on hands and wrists. Some had fever for three or four days, others for a much shorter time. I could give the detailed history, if necessary. They passed under the head of cold, or bilious attacks, or malarial, and were frequently called rheumatism. They all yielded readily to quinine.

The three cases in Mr. H.'s family covered the extreme manifestations of malaria. The prodromata in the father's case were clearly indicative of nerve lesion, the same as usually produced by malaria. The shifting and shooting pain in the body, the headache, pain in back and limbs, all point in that direction. The epistaxis was evidently dependent on malarial toxæmia.

The bleeding nose in the beginning or in the early part of a fever is strong evidence of a malarial origin. The herpetic eruption about the lips was clearly the result of a malarial nerve lesion, and is often observed in the milder types of malarial trouble.

If we take the three common types of malarial fever—the intermittent, remittent, and pernicious, we have extremes wide

enough to cover all the phenomena and peculiarities of the so-called cerebro-spinal meningitis.

The symptoms of malarial blood-poisoning are as protean as the shades of the chamelion. The effects of the quinine given in large doses, and often repeated in the treatment of these cases, shows that it holds a controlling influence.

I am satisfied that the use of the tincture of iodine and carbolic acid was also beneficial. It not only had a pleasant effect on the stomach, but evidently a curative power.

The hand of the practitioner, if he is guided by the authorities that I have read, must be trembling and unsteady. We are left in uncertainty as to the cause, very little hope as to treatment, and nothing as prophylactic.

If there is any force in the history of this disease and the treatment as above given, it proves that we may expect much benefit from the use of quinine, and that if it is used as a prophylactic, many cases that might prove fatal can be warded off. The quinine should be given to every member of a family where a case of so-called cerebro-spinal meningitis has developed, upon the first complaint.

The young man Mr. C., had just one week before his fatal sickness headache, and *redness of hands and wrists*, which passed off in a few hours. If he had consulted a physician and taken quinine then, he would in all probability have had no return.

I have prescribed for a number who had similar prodroma, who never went to bed, but recovered without trouble.

TYPHO-MALARIAL FEVER—SO CALLED*

BY F. M. DUKE, M. D., OF WARTRACE, TENN.

Mr. President and Gentlemen of the Tenn. State Medical Society:

It is not my purpose to occupy your valuable time discussing the name of typho-malarial fever; nor to enter into the anatomy and pathology of the disease further than to explain to you why

*A paper read at the 56th Annual Meeting of the Tenn. State Medical Society.

I was induced to adopt the plan of treatment which I have practiced for the past three years; but to devote my remarks to a few practical thoughts on the treatment of the disease, based on clinical observations; suffice it to say, however, that I do not believe it to be of typhoid origin, but a malarial fever, excited and fed or kept up by an irritation or an inflammation existing somewhere in the system, and in my opinion in the tract of the alimentary canal; more frequently in the stomach and small intestines than in the large intestines. Peyer's patches are not involved as often as other parts of the alimentary canal. Typho-malarial fever may in its general outlines resemble typhoid fever very much, but the two diseases are separate and distinct. Dr. Squire, of London, speaks of a simultaneous outbreak of enteric fever, and of typho-malarial fever in regiments in adjoining camps. In this outbreak it was at first considered that the two fevers might be one and the same disease, till fatal cases demonstrated that the two diseases were perfectly distinct. Autopsies in one camp showed local lesions of the intestinal glands of typhoid fever in a fatal case, in the other camp the intestinal glands were found to be healthy. The same author states that the presence of ulcers in the small intestines in patients dying of malarial fevers, has been observed over and over again, Annesly, Twining and others mention ulcerations of the small intestines in protracted cases of malarial fever.

Post-mortem examinations in typho-malarial fever show the following pathological condition: Usually there is congestion of the throat and pharynx, with excessive amount of secretion, this condition sometimes extends through the entire length of the alimentary canal, with patches of inflammation scattered irregularly in different parts of both small and large intestines, occasionally with enlargement of the closed glands. Most observers find the congestion of the mucous coat to be greatest in the duodenum, and upper part of jejunum, while some describe the ileum as being healthy. In the more severe or prolonged cases ulcerations may be found in almost any part of the alimentary canal: they are unequal in size and distribution; usually they are superficial, not penetrating deeper than the mucous membrane. The

spleen is enlarged and soft; the liver congested and hard; the gall bladder sometimes distended with bile; the lungs show signs of complications when such have existed. Thus it is sure that the pathological state in typho-malarial fever is that of a malarial poisoning and not that of typhoid fever, hence, we have the following symptoms: The onset is usually less marked than in other forms of malarial poisoning. There is sore throat with tonsillitis occasionally, some congestion of the eyes with headache, with alternations of hot and cold sensations; this may exist for twenty-four or thirty-six hours accompanied with sick stomach, while at other times it is sudden and shows no difference from an ordinary attack of remittent fever, and may be diagnosed as such. The sore throat is nearly always present, with aches and pains in various parts of the body. In the first stages, sickness is a very frequent symptom and is referred by the patient to the stomach and bowels, vomiting of green bilious matter is not an unusual symptom. Diarrhoea is generally present to some extent, but in most cases easily controlled. The stools are generally thin and of a light brown color, thickly studded with bubbles of gas; sometimes they are greenish as in common remittent fever. There is tenderness on pressure over the greater portion of the abdomen together with the tympanitis, the urine is frequently scanty and high colored. In the early stages hepatic congestion is frequent, the spleen is enlarged and tender, and sometimes pain is referred to it. In the beginning the tongue is furred and thickened, as the disease advances it may become dry, brown and cracked. Low muttering delirium is a frequent symptom; and occasionally we find rose colored spots on the body.

In the majority of cases the pulse is small, feeble and rapid, and does not bear the usual relation to the temperature, which is raised from the beginning of the attack. At first the remissions are complete, becoming less marked as the disease advances, they occur irregularly and are not confined to any particular time of the day or night, unlike that of typhoid fever which is highest in the afternoon or evening. Another distinguishing character in typho-malaria, is the high temperature which is reached much earlier in the course of the disease, and the changes of temperature

are more active, that is, the remissions are more marked and require less time to pass from one extreme to another, than in typhoid fever. The duration of the disease varies greatly, according as you view and treat it. If you treat it as typhoid the duration is from three to seven weeks and sometimes three months; but if you treat it as malarial fever, with gastro-enterical complications, the duration is from six to ten days. These are the facts, as they have been observed of the disease in Bedford county where it has prevailed for several years. In the treatment of typho-malarial fever, there are four principal objects to be accomplished.

1. To control the rapid action of the heart.
2. To reduce the high temperature.
3. To relieve the irritation or inflammation that may exist.
4. To nourish and support your patient.

In almost every case we should begin with the administration of small doses of mercury and continue till the dryness of the tongue is relieved and moisture restored, carefully avoiding ptyalism, after which we have little trouble from nausea and vomiting.

For the first indication we have a most perfect and satisfactory remedy in the tincture of *veratrum viride*. This should be used freely until the cardiac pulsations are reduced at least ten pulsations below the normal standard. I usually begin with two and a half drops given at intervals of one hour, and increase if necessary, until the desired effect is accomplished; after that, just enough to keep it at that point. This condition must be accomplished to get the full benefit of the drug.

In the next place our attention is called to the temperature, for as a rule it does not fall in proportion with the cardiac movements and requires special treatment. Now it is that salicylate of soda comes to our relief. With this drug we can reduce the temperature below normal. It has been my practice to begin with twenty grains given every three or four hours, until the thermometer will register 98 under the tongue, after which it is continued in quantity sufficient to retain the temperature at that point, occasionally it becomes necessary to increase the quantity to forty, fifty, and even sixty grains every four hours: the effect

must be accomplished ; in fact, this remedy is of little effect unless it is given in quantity sufficient to reduce the temperature to the normal state or a little below. Quinine in doses of three to six grains is usually given alternately with salicylate of soda.

Now we come to consider the treatment of the irritation or inflammation that may exist. This must be determined to some extent by the character and location of the disorder. In the first place, it will be remembered that when the circulation is reduced to sixty and the temperature to ninety-eight, there is little chance for an inflammation to exist but a short time ; it will naturally starve out in a short time by lack of support. We may give turpentine emulsion internally. Listerine acts well where there is nausea. Large hot fomentations well saturated with turpentine, may be applied over the bowels. The free use of turpentine is very effectual. The complications must be carefully watched for and promptly treated. This plan of treatment should be actively proposed in the early part of the disease. Nourishment should be carefully and regularly administered in an easily digested and concentrated form throughout the disease. Egg-nog, milk punch and wines are valuable in convalescence. The strength in this, as in other diseases should be carefully supported.

The object of this paper is to impress the great importance of the early, free and continued use of veratrum and salicylate of soda, in the treatment of typho-malarial fever, so as to keep the circulation and temperature below the standard until all irritation has subsided, after which the fever will not return. It will be remembered, we stated that the duration of typho-malarial fever under this treatment was from six to ten days. Time nor space does not admit of detailed reports of cases in this paper. Reference to my note book shows that I have treated since September, 1886, forty-seven cases of typho-malarial fever, of that number convalescence began on fifth day with four, sixth day with twenty-four, seventh day with fifteen, eighth day with five, tenth day with one, sixteenth day with one. Pregnancy existed in the last case which prevented the free use of veratrum.

These cases occurred in the same community in the same town, frequently in alternate houses, and members of the same family,

where other physicians were having those long continued cases of typho-malarial fever, with whom there were a number of deaths, and some of them were in the hands of able and honored members of the medical profession. Some of my cases had been treated without effect by other physicians, from six to ten days before they came under my care. Permit me to say here, that none of my fever cases have died in the past three years. Let me reiterate, that typho-malarial fever is a malarial disease, and when physicians so consider and treat it, many a case of wearied sickness will be abbreviated.

Selections.

A TONIC FORMULA.—In the *New York Medical Journal* for July 31, 1886, Professor Allard Memminger, of Charleston, S. C., published a short article on "Bright's Disease of the Kidneys successfully treated with Chloride of Sodium." The salt is given in doses of ten grains three times daily, the doses being increased by ten grains each day until they amount to fifty grains each. It is then diminished to sixty grains in the day and continued. I employed this treatment in a few cases, but did not meet with the full measure of success noted in four cases reported by Professor Memminger, although in some instances there was considerable improvement. The suggestion by Professor Memminger, however, and his theory of the mode of action of the sodium chloride, pointed to a possible deficiency in certain cases of disease in the saline constituents of the blood. Under this idea I prepared a formula in which most of the important inorganic salts of the blood are represented, with an excess of sodium chloride and a small quantity of reduced iron, the various salts, except the sodium chloride, being in about the relative proportion in which they exist in the normal circulating fluid. I first used this preparation in the form of powder, giving ten grains three times daily after eating. It was afterwards put up in gelatin capsules, each containing five grains, but these absorbed moisture so that they would not keep well in warm and damp weather. With the as-

sistance of Fraser & Company, 208 Fifth Avenue, New York, I finally modified the formula so as to avoid this difficulty. The preparation is now in the form of compressed tablets made by Fraser & Company, tablets made by Casswell, Massey & Company, 1121 Broadway, and sugar coated tablets made by Wanier & Imgard, 1322 Broadway—all under the name of saline and chalybeate tonic. I usually prescribe two tablets three times daily after eating. Of these preparations I prefer the sugar-coated tablets, the other occasionally producing slight nausea. In a few cases six tablets daily have produced some "fullness" of the head, when I have reduced the dose to one tablet three times daily.

The following is the formula that I finally adopted, the product of which may be put up in capsules:

Saline and Chalybeate Tonic.

R Sodii chloridi (C. P.).....	3 iij;
Potassii chloridi (C. P.).....	gr. ix;
Potassii sulph. (C. P.).....	gr. vj;
Potassii carb. (Squibb).....	gr. iij;
Sodii carb. (C. P.).....	gr. xxxvj;
Magnes. carb.....	gr. iij;
Calc. phos. præcip.....	3 ss;
Calc. carb.....	gr. iij;
Ferri redacti (Merck).....	gr. xxvij;
Ferri carb.....	gr. iij.

M. In capsules, No. 60.

Sig.: Two capsules three times daily after eating.

I first used this tonic in a case of simple anæmia in Bellevue Hospital in July, 1887. In this case the anæmia was profound and the pallor excessive. It had existed for several weeks, there was loss of appetite, and the patient, a female about thirty years of age, was very weak and unable to leave the bed. A powder of ten grains was given three times daily, and this, with good diet, constituted the only treatment. In forty-eight hours the patient was sitting up, with a fair appetite and improved appearance, notably in color. At my next visit, two days later, she had left the hospital and was greatly improved.

Since the summer of 1887 I have given the tonic in nearly every case in private practice in which a chalybeate was indicated.

In many cases I have not been able to watch the effects of the remedy, and in many I kept no record. In thirty-five cases which I have noted as cases of anæmia, with loss of appetite, etc., I have more or less complete records. In twenty-two cases I noted very great improvement, in twelve cases improvement not so well marked, and in one case no improvement.

I have also records of five cases of chronic Bright's disease of the kidneys in adults in which the tonic was the only medicinal remedy employed.—Austin Flint, M. D., LL. D., in the *N. Y. Medical Journal*.

URETHRAL STRICTURE — TREATED BY ELECTROLYSIS. — Dr. Robert Newman (*Med. Register*) concludes a lecture thus:

1. Any good galvanic battery will do, which has small elements, and is steady in its actions; the twenty-cell battery, carbon and zinc elements, is an excellent instrument, and particularly sufficient for the beginner.

2. The fluid for the battery ought not to be used too strong.

3. Auxiliary instruments, as galvanometer, etc., are important to the expert, but not necessary for the beginner.

4. For the positive pole a carbon electrode is used, covered with sponge, moistened with hot water, and held firmly against the cutaneous surface of the patient's hand, thigh or abdomen.

5. For the absorption of the stricture, the *negative* pole must be used.

6. Electrode bougies are firm sounds insulated with a hard-baked mass of rubber. The extremity is a metal bulb, egg-shaped, which is the acting part in contact with the stricture.

7. The curve of the bougie is short; large curves are mistakes.

8. The plates must be immersed in the fluid before the electrodes are placed on the patient, and raised again after the electrodes have been removed.

9. All operations must begin and end while the battery is at zero, increasing and decreasing the current slowly and gradually by one cell at a time, avoiding any shock to the patient.

10. Before operating, the susceptibility of the patient to the electric current should be ascertained.

11. The problem is to absorb the stricture, not to cauterize, burn or destroy tissues.

12. *Weak currents at long intervals.*

13. In most cases a current of six cells, or from two and one-half to five milliamperes, will do the work, but it must be regulated according to the work to be done.

14. The *séances* should be at intervals not too frequent in succession.

15. The best position for the patient to assume during the operation is that which is most comfortable for him and the operator. I prefer the erect position, but the recumbent, or others may be used.

16. Anæsthetics I like to avoid; I want the patient conscious, so that he can tell how he feels.

17. Force should never be used; the bougie must be guided in the most gentle way; electricity alone must be allowed to do the work. Avoid causing hemorrhage.

18. During one *séance*, two electrodes, or other two instruments in succession, should never be used.

19. All strictures are amenable to the treatment by electrolysis.

20. Pain should never be inflicted by the use of electrolysis; therefore it should not be applied when the urethra is in an acute or even subacute inflammatory condition.

21. The electrode should not be greased with substances that are non-conductors, and would insulate.

If the foregoing rules are observed by an expert in surgery and electricity, success and cure must follow. This has been proven by a vast amount of clinical facts, recorded by myself, as well as by many eminent men in different parts of the world.—*The American Lancet.*

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

"A QUESTION OF LAW :—Among the homœopaths there has been a difference of opinion and practice respecting the proper answer to the above question. Most practice regular medicine and surgery under the garb of homœopathy. Possibly a few practice homœopathy according to their published tenets, but their number is small. The New York *Medical Times* believes that homœopaths should drop their distinctive title and call themselves simply physicians. Then it says they could honestly practice anything they thought best for their patients. A short time since it addressed an inquiry to Hon. Geo. C. Barrett, Judge of the Supreme Court of New York, worded thus: "Has a physician designating himself an 'homœopathist,' and called as such to a patient, any legal or moral right to adopt any other than homœopathic means in the treatment of the case?" The Judge says there can be but one answer to this question, and that is in the *negative*. "If," he says, "I call in a medical man who designates himself as a 'homœopathic physician,' it is because I do not wish to be treated otherwise than homœopathically. There is an implied understanding between myself and the homœopathist that I shall receive the treatment, which, by tradition and a general consensus of opinion, means small doses of a single drug administered upon the principle of *Similia similibus curantur*. If there is to be any variation from that method, I have a right to be informed of it, and to be given an opportunity to decide. Common honesty demands that before a confiding patient is drugged with quinine, iron and other medicaments, either single or in combination, he should be told that the 'homœopathist,' has failed, and that relief can only be afforded by a change of system. An honest 'homœopathist,' who has not succeeded, after doing his best with appropriate remedies administered on homœopathic principles, should undoubtedly try anything else which he believes may relieve or save his patient. But when he reaches that point the duty becomes imperative of taking his patient into his confidence. The patient may accept the services of the homœopathist, or he may prefer another physician.

"All this is the logical sequence of a man calling himself 'homœopathist.'" If I call in a man who is known simply as a

physician, then I expect him to employ any or all means he may deem necessary for my relief. With such an expectation, I called for his aid. Hence, if we are to have a class of men who propose in the interest of humanity to utilize the best that they can find in any or every school, 'pathist,' as a designation of fixed methods of practice, must be ignored, and the broad and noble title 'physician,' in its unreserved sense, be revived and substituted. When a patient sends for a physician of this class, he will understand that he is to have the physician's best judgment in the unprejudiced use of the ripest fruits of modern discovery in every field."—*The American Lancet*.

CHARCOT ON SUSPENSION IN THE TREATMENT OF PROGRESSIVE LOCOMOTOR ATAXY.—Professor Charcot recently gave a clinical lecture on vertical suspension of the body in the treatment of progressive locomotor ataxy and some other diseases of the nervous system. This novel method of treating tabes dorsalis was first initiated by Dr. Motchoukowsky, of Odessa, who published a *brochure* on the subject in 1883; but it received no attention in Western Europe till 1888, when Professor Raymond, of Paris, while on a scientific mission in Russia, was struck with the results presented to him. Dr. Ouanoff, his fellow-traveler (a pupil of the Saltpêtrière clinic), showed his practical application there. In Motchoukowsky's pamphlet considerable improvement was ascribed to it in twelve tabetic persons; also in various neurasthenias, independent of tabes, in which the sexual functions were reëstablished by this treatment. The patient is suspended for about three minutes by a Sayre's apparatus, and the arms of the patient while suspended are raised every fifteen or twenty seconds to increase the traction on the spinal column.

Charcot's tabetic patients numbered eighteen, with 400 *séances*. Of these, four were only suspended each three times; the rest went on regularly. Of these Professor Charcot says: "The remaining fourteen have experienced in varying degrees an improvement quite remarkable." All were pronounced tabetics. Walking is improved to begin with; they say they can walk better after the first suspension. This improvement at first lasts

only a few hours, but after eight or ten sittings persists. After twenty or thirty sittings Romberg's sign disappears. Then vesical troubles are lessened or removed; also the lightning pains. Sexual impotence gives place to sexual desires and erections. (Experiments by Dr. Ouanoff on healthy persons have shown that this method has an exaggerating effect on virility). The cotton-wool feeling in the feet gives away more or less to healthy sensations, and in general the whole health improves. Every patient steadily improved, with one exception, a young tabetic, aged 22, who at first improved, then fell off, then again improved somewhat. But the knee-jerks have not reappeared in any of the patients after three months' treatment, nor are the pupillary symptoms altered. As to other diseases, a young female with Friedreich's disease was greatly improved by the treatment. In two neurasthenic and impotent patients the sexual functions were reëstablished. But a patient with disseminated sclerosis was made worse, for after two sittings a spasmodic paraplegia appeared, which, however, gave way in three days. Further trial of this method is required before an opinion of its value can be given. The results are most encouraging so far, and at any rate perfectly harmless.—*London Medical Reporter*, March 20, 1889.

TREATMENT OF FOREIGN BODIES IN THE STOMACH.—A method of treatment for foreign bodies in the stomach, which appears to be generally known and practised with almost uniform success in both England and the continent, consists in the administration simply of large amounts of potatoes, to which the diet should be restricted. It is stated by Professor Cameron, of Glasgow, that this plan, which, so far as we know, is almost unknown in this country, originated with the London pick-pockets, whose custom it is to immediately swallow small articles of jewelry acquired in the pursuit of their profession, and then depend on their recovery through the evacuation which follows the abundant use of the potato diet. Several cases are on record where this method has proved eminently successful. Thus, Dr. Salzer (*Deutsche Medicinal Zeitung* for January 24, 1889) reports the case of a child who had swallowed a brass weight of three hun-

dred grains in September, 1887, and in whom the physician was on the point of performing gastrotomy. According to Dr. Salzer's advice the child was put in bed, kept on his right side, so as to facilitate the passage through the pylorus, and then fed with as much potato, prepared in different methods to stimulate the appetite, as he could be persuaded to take. In five days the foreign body was evacuated in the fæces. He also refers to a case of a patient who had swallowed a set of artificial teeth, and another who had swallowed a breast-pin one and a half inches in diameter, in both of which cases the foreign bodies were removed without difficulty.

At the meeting of the Society of Physicians in Vienna, at which the above cases were reported, the discussion which they stimulated led to the report of several other cases, one especially, by Hochenegg, which is especially remarkable in that it dealt with the case of a young carpenter, who in 1884, swallowed a long nail, which was removed by gastrotomy. Two years later the patient was so unfortunate as to swallow a second nail similar in all respects to the first. The potato-cure was employed, and the nail was secured after nine days. In the *Deutsche Medicinal Zeitung* for March 11, 1889, Dr. Deichmuller refers to a case of a young girl, 10 years of age, who had accidentally swallowed a pin. Pain was complained of under the breast-bone, and Dr. Deichmuller, acting on the suggestion acquired through the report of the above cases, restricted the patient to the potato diet. Very shortly afterwards the pain disappeared from the chest and was felt in the stomach. Six days later it appeared in the right inguinal region; two days subsequently, having increased in severity, it was felt in the left inguinal region, while in the evening of this day the foreign body was evacuated with the fæces.

It is hardly necessary for us to call attention to the principles upon which this method is based. Potatoes, as is well known, are composed of nearly twenty per cent. of carbo-hydrates, eighty per cent. of the solids being starch and cellulose. On account of this large amount of carbohydrate, a great portion will resist the action of the digestive juices. The cellulose and other carbohydrates increasing greatly in volume from imbibition with

water lead to an accumulation of an immense amount of indigestible residue ; consequently the intestinal tube is, throughout the entire time of the administration of this food, filled with large masses of non-absorbable matter. The folds of the intestine become obliterated, and fixation of the foreign body in the intestinal tube is thus avoided. It is seen that from five to nine days, or even longer, are required for the evacuation of the foreign body, and in every case which does not seem desperate, a trial of this simple plan of treatment should precede resort to gastrotomy. In fact, at the recent meeting of the Vienna Medical College, Professor Billroth said that since the introduction of this procedure, gastrotomy for foreign bodies should become an obsolete operation.—*Therapeutic Gazette*.

A SIMPLE METHOD OF SECURING THE LINGUAL ARTERY DURING THE OPERATION OF EXCISION OF THE TONGUE WITH THE SCISSORS.—At a late meeting of the Medical Society of London, Mr. F. Bowreman Jesset read a paper describing his method of tying the lingual artery in excision of the tongue. He said that in some cases of excision of the tongue with scissors the hemorrhage was often very severe and even alarming. Moreover, in many of the cases that died after this operation, the fatal result was due to the fact that a quantity of blood found its way into the air-passages, and septic pneumonia followed. If this were so, it was obvious that it was all-important to prevent hemorrhage as much as possible during the operation. Again, in removing the tongue with scissors, if the artery was not seized directly it was divided it often retracted, and the bleeding point was with difficulty seen and secured. He had had opportunities of putting the method into practice, and had found it easy and effectual. The operation was only applicable when the disease was limited to the tongue itself, and when the floor of the mouth was free. The tongue being drawn well out of the mouth, the frænum and mucous membrane of the floor of the mouth around the half, or whole of the tongue if the entire organ was to be removed, was divided in the ordinary

way with scissors slightly curved upon the flat. The tongue next being drawn well forward and upward, a few fibres of the genio-hyoglossus muscles were divided and torn through deeply with the finger. An ordinary aneurism needle, threaded with No. 4 Chinese silk, was thrust deeply down between the two genio-hyoglossus muscles, the point being directed downward and backward until it was opposite the second molar tooth; the point was then turned outward and brought out of the incision previously made through the mucous membrane, unthreaded and withdrawn. The ligature was next tied firmly and deeply as possible. A pair of clamp forceps, curved and somewhat larger than those in ordinary use, were passed down and made to catch the tissues on the distal side of the ligature, to prevent the possibility of the ligature being snipped as the tongue was being removed. If it was desired to remove the whole tongue, the same maneuver was carried out, and the artery on the other side secured. The surgeon then could snip out the organ at leisure, with practically no hemorrhage. — *Weekly Medical Review*.

ONE THOUSAND CONSECUTIVE CASES OF ABDOMINAL SECTION.—Mr. Lawson Tait reports a second series of one thousand consecutive cases of abdominal section, showing a diminution of the mortality from 9.2 in the first series to 5.3 in the second. He predicts that "this operation will revolutionize the obstetric art, and that in two years we shall hear no more of craniotomy (save for hydrocephalus) and evisceration, for this new method will save more lives than these proceedings do, and it is far easier of performance. It is the easiest operation in abdominal surgery, and every country practitioner ought to be able and always prepared to perform it."

He describes the operation as follows: My method of operating is to make an incision through the middle line large enough to admit my hand, and then I pass a piece of rubber drainage-tube (without any holes in it) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking

care that it does not include a loop of intestine. I then make a single hitch and draw it tight round the cervix, so as to completely stop the circulation. I give the ends of the tube to an assistant, who keeps them well on the strain, so as to prevent the loose knot from slipping, the reason of this being that should there be any bleeding and any necessity for further constriction, I could secure this in a moment, without undoing any knot, and the simplicity of this method greatly commends it.

I then make a small opening in the uterus, and enlarge it by tearing with my two forefingers, seize the child by a foot and remove it. I then remove the placenta, and by that time the uterus has completely contracted, and is easily drawn through the wound in the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time, and the work is practically done. Stuff a few sponges in the wound to keep the cavity clear of blood, and pass the knitting-needles through the flattened tube and through the cervix, and in this simple way a clamp of the most efficient kind is at once made. The uterus is removed about three-quarters of an inch above the rubber tube. The usual stitches are put in, the wound closed round the stump, which, of course, is brought to the lower part of the opening, and then the stump is dressed with perchloride of iron in the usual way.— *Weekly Medical Review*.

A NEW ANTIDOTE FOR MORPHINE.—In the *Internationale Klinische Rundschau* for January 27, 1889, Professor Arpad Bokai recommends picrotoxine as an antidote for morphine, on the ground that it exerts an antagonistic action to morphine on the respiratory centers; for, while morphine tends to paralyze these centers, picrotoxine exerts a powerful stimulating effect. Since, therefore, death in morphine poisoning is usually attributable to paralysis of the respiratory center, on this ground alone picrotoxine should be indicated as a valuable antidote. Further, morphine may produce such rapid reduction in blood-pressure

as to endanger life; while picrotoxine, on the other hand, is a powerful stimulant to the vaso-motor center, and is in this respect also an antagonistic to morphine. Prof. Bokai adds that the action of morphine on the cerebrum is directly opposed to that exerted by picrotoxine. Finally, Professor Bokai suggests that the previous administration of a small dose of picrotoxine might reduce the danger of asphyxia in chloroform narcosis.—*Weekly Med. Review.*

INFLAMMATORY CROUP VS. DIPHTHERIA.—Wm. Brodie, M. D., of Detroit, Mich., writes as follows of date April 12th to the editor of *The American Lancet*—Sir: On page 148, of the current month, you state that the Michigan State Board of Health has decided that the so-called “inflammatory croup should be classed with *communicable diseases*, and should be treated and reported with the same precaution as *diphtheria*, as the same are *identical*.” A professional experience of almost forty years proves the negative of such an assertion. The two diseases have no relation to each other, and I defy any member of the State Board of Health to prove to the contrary. Accepting the fact (which I do not) that diphtheria is contagious, I demand proof that “inflammatory croup is contagious” before accepting the *ipse dixit* of the Board. *Pure inflammation of the larynx is a rare disease*, and although often fatal, cannot be communicated.—*The American Lancet.*

IS SYPHILIS EVER CURED?—“Syphilis is never cured.” Such is the positive dictum of Dr. W. R. Gowers in his recent lecture on “Cerebral Syphilis.” Dr. Gowers should come to the United States and learn some of the methods in vogue here; for certainly many cases of syphilis in this country get well. “Syphilis,” says one well-known American writer, “is one of the most readily managed and promising of all diseases that affect the human race.” Says another writer: “In a large proportion of cases, syphilis will run its course and leave the patient in a healthy condition, even though no special treatment is instituted.” Still a third American syphilographer says: “By far the largest

majority of cases will pass through the trouble easily and happily to a complete cure." It would appear that either American syphilis is a specially benign article, or the English physician writes from a very narrow experience in this affection.—*Med. Record.*

IMPOTENCE CONSEQUENT ON VARICOCELE.—Second reports on a case brought forward by M. Jamain in which the radical cure of a varicocele was followed by return of sexual power in a man twenty-six years old, in whom it had been in abeyance since puberty. This "frigidity" had resisted all methods of treatment, but ceased when the patient lay on his back. This position, or the use of a suspensory bandage, reducing the varicocele, caused an erection. Potency was readily brought about two months after resection of the spermatic vein. The author quotes various similar cases, especially one by Vidal de Cassis, in which the impotence and puerile voice peculiar to castrated persons disappeared after the operation.—*London Medical Recorder*, April 1889.

EPILEPSY CURED BY ABLATION OF A CEREBRAL TUMOR.—M. Pean has cured a case of epilepsy, which had lasted six years, by ablation of a cerebral tumor. The lesion was evidently situated at the level of the upper portions of the left ascending frontal and parietal convolutions, as the spasms and convulsions occurred principally in the right leg. Dr. Pean detected the presence of a fibrous lipoma, in the pia-mater. He extirpated this tumor, and the patient not only recovered from the operation, but since has been entirely free from the epileptiform symptoms from which he suffered. This operation serves to show of what incalculable use surgery may prove in localized cerebral motory affections.—*Paris Correspondence American Lancet.*

ELECTRIC TREATMENT OF HYSTERIA.—M. Didier (*Lyon Med.*) finds that a faradic current of moderate intensity is decidedly the most efficient treatment for hysteria hitherto discovered. It not only checks the paroxysms, but has a curative effect on the neu-

rosis. In every case of hysterical convulsions in which he employed it the seizure promptly ceased. He found it also of service in hystero-epileptic paroxysm, but less so in simple hysteria. As it is useless in epilepsy, by it we can at once distinguish whether the attack is hysterical or epileptic. At the beginning of the convulsions one electrode is applied to the epigastrium and the other to the nucha, the current taking the track of the aura. If used later, during the tonic or clonic stage, one electrode may be applied to the nucha and the other held in the hand, or both may be placed in the hands.—*Polyclinic*.

CHRONIC ALCOHOLISM.—In the treatment of this, Prof. Bartholow, says: For the disorders of the digestion, morning vomiting, loss of appetite, accompanied by wakefulness and nervousness, the appropriate remedies are abstinence, careful alimentation, and such tonics as quinine, nux vomica, and the administration of bromide of potassium to procure quiet sleep. In the more chronic cases, where degenerative changes may be expected to have taken place, arsenic in small doses, hypophosphites and cod liver oil are recommended, and should be given for several months. Chloride of gold and sodium or corrosive sublimate will retard changes taking place in the connective tissue, if given early enough.—*College and Clinical Record*.

THE DEVIL WAS SICK; THE DEVIL A SAINT WOULD BE.—European journals tell of a doctor who, at law, is seeking to compel a Hungarian nobleman to give him half his fortune, for services to his wife. It seems that the nobleman, when his wife was very ill, promised to give the doctor this sum, if his wife recovered. The wife did recover, and the nobleman paid the doctor handsomely, but the latter wants the promise to him fulfilled, viz., \$250,000.—*Ex*.

CENTRALLY LOCATED.—Sturtevant House, Broadway cor. 29th, N. Y. American and European plans. Board \$3 to \$4 per day; rooms \$1 and upwards.

Reviews and Book Notices

LECTURES ON NERVOUS DISEASES, by AMBROSE L. RANNEY, A. M., M. D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post Graduate Medical School and Hospital; Professor of Nervous and Mental Diseases Medical Department of the University of Vermont; Author of "The Applied Anatomy of the Nervous System"; etc., etc. Profusely illustrated with original diagrams and sketches in color by the author; carefully selected wood-cuts and reproduced photographs of typical cases. Eight vo., cloth, pp. 778. F. A. Davis, Publisher, Philadelphia, 1888. Price \$5.50.

This handsome volume of excellent reading matter is the outcome of the author's efforts in the lecture field, wherein he has notably distinguished himself. In the first part is given the facts (anatomical, physiological and pathological,) upon which the science of cerebral and spinal localization of to-day is based.

Section second discusses the various steps which should be taken by a student of neurology during the clinical examination of the patient.

The next two sections treat of individual diseases of the brain and spinal cord. Each is discussed from the standpoint of the localization of the lesions described.

In the section treating of functional nervous diseases he gives a full resumé of the researches of Dr. Geo. T. Stevens respecting the eye defects and eye strain upon the causation and cure of these imperfectly understood conditions. The author says that he has had an extensive experience in the management of these cases and is able from this standpoint to indorse Dr. Stevens' views.

He says that no other treatment has given him so satisfactory results in severe forms of epilepsy, hysteria, chorea, neuralgia, headache, insanity, and functional visceral derangements.

His final section is devoted to a full consideration of electricity, describing both the best apparatus and the best methods of using it to secure the desired results.

The illustrations are numerous, excellent, and serve most admirably to elucidate the text. The colored diagrammatic illustrations employed by the author being a marked feature of the work, which certainly contains a large amount of valuable and exceedingly interesting material excellently arranged.

The work is well printed on good paper and handsomely bound, and should find a prominent and accessible place in the library of any one devoting attention to this branch of medicine.

BIDDLE'S MATERIA MEDICA AND THERAPEUTICS, for Physicians and Students; eleventh edition; by the late JOHN B. BIDDLE, M. D., Professor of Materia Medica in Jefferson Medical College, Philadelphia. Thoroughly revised, and in many parts rewritten, by his son, CLEMENT BIDDLE, M. D., Assistant Surgeon U. S. Navy, assisted by HENRY MORRIS, M. D., Demonstrator of Obstetrics in Jefferson Medical College. Eight vo., illustrated, pp. 607. Price, cloth \$4.00; leather \$4.75. P. Blakiston, Son & Co., Publishers, 1012 Walnut street, Philadelphia, 1889.

In calling the attention of our readers to this well known standard work, needing no criticism at our hands, we do not think we could do better than give the following extract from the preface to the eleventh edition:

"The exhaustion of the tenth edition of Biddle's *Materia Medica* has rendered necessary the preparation of a new one. In doing this the editors have carefully gone over the entire work, paying particular attention to the expurging of obsolete matter, the correction of errors, and the rewriting of various articles that it seemed to need.

They desire to call attention to the following subjects as constituting the principal alterations made by them, viz.: The addition of twenty-one new cuts, the omission of useless ones, the introduction of concise statements of the action of new drugs that have recently crept into the domain of pharmacology, as Hypnone, Urethan, Papaya, Adonidine, Strophanthus, Sparteine, Iodol, Morrhual, Lanolin, and Saccharin. An entirely new

chapter has been added on Antipyretics, in which the phenyl-derivatives, as Acetanilide (anti-febrine), Resorcin, Hydroquinone, Pyrocatechin, Salol, Naphthaline and Naphthol, Pyridine, Chinoline, Kairine, Thalline, and Antipyrine have been thoroughly considered. New articles on Mercuric Chloride and Iodine as antiseptic agents have also been introduced, and the article on Electricity rewritten and enlarged. Numerous articles have been much extended, particularly quinine, opium, belladonna, aconite, digitalis, etc., the medical uses of which have been more dwelt upon than in former editions.

Useless botanical descriptions (notably in Rhubarb, Aloes, and Acacia,) have been curtailed, while the therapeutical application of the majority of drugs has been elaborated. To increase the usefulness of the index, which is as full as that of previous editions, bolder type has been used in referring to the principal action and uses of the various drugs."

SUGGESTIVE THERAPEUTICS, A Treatise on the Nature and Uses of Hypnotism, by H. BERNHEIM, M.D., Professor of the Faculty of Medicine at Nancy; translated from the second and revised French edition, by CHRISTIAN A. HERTER, M. D., of New York. Eight vo., cloth, pp. 420. G. P. Putnam's Sons, Publishers, New York and London, 1889.

The phenomena of hypnotism are undoubtedly of no little interest, although practical utility may be questioned by some. The work of Prof. Bernheim contains much food for thought in this progressive and realistic age. While the subject considered by him is regarded by many as only among the curiosities of science, yet others have proven it a therapeutic resource of more or less value.

The author in the first part of his book states in a very plain and satisfactory manner the method employed in inducing hypnotism, and the different manifestations of the hypnotized subject; this is followed by a short historical sketch, with an examination into the theoretical views on the subject, with his personal opinions upon the psychological mechanism of the phenomena; and an examination into the application of suggestion to psychology, to legal medicine, and to sociology in a general way.

In the second part he makes a special study of suggestive therapeutics with his personal observations.

His translator is not only well versed in the subject, but in the two languages necessary for the translation, he has shown himself qualified.

The work is brought out in the best style of the famed "Knickerbocker Press."

SURGICAL BACTERIOLOGY, by NICHOLAS SENN, M. D., PH. D., Professor of Principles of Surgery and Surgical Pathology, Rush Medical College, Chicago, Ill. Eight vo., cloth, pp. 270. Price \$1.75. Lea Brothers & Co., Philadelphia, 1889.

Prof. Senn, in his introductory, very correctly states that "The recent advances in surgical pathology laid the foundation for the wonderful achievements of modern surgery."

The developments of bacteriology have indeed caused a most complete overturning and overhauling of former theories and methods in surgery; and it is now recognized as an established fact that "all wound complications and most of the acute and chronic inflammatory lesions which come under the treatment of the surgeon are caused by micro-organisms." The author in this excellent monograph has very concisely yet fully and comprehensively gone over the field, and placed before the medical public a most valuable treatise on the subject.

That he is fully competent and capable has been amply evidenced by the position accorded him by his professional associates. He has well proven that he is a master of both the art and science of surgery—that his manual skill and dexterity are aided by well trained reason and observation. We know of no one better adapted for the task he has assumed, and doubt if any one could have discharged the self-imposed duty so well.

Those who would not be behind the wonderful developments of the day, will make a mistake in not supplying themselves with this work—the important facts in regard to this important subject are made so plain and are considered in such a satisfactory manner, that we can but regard it as one of the most important contributions to medical literature of the year.

The thirteen excellent plates are reproductions from *Lehrbuch der pathologischen Anatomie*, by Prof. Klebs, of Jena, 1887.

DIPHTHERIA, Its Nature and Treatment, by C. E. BILLINGTON, M. D., and INTUBATION IN CROUP, and other Acute and Chronic Forms of Stenosis of the Larynx, by JOSEPH O'DWYER, M. D. Octavo, 326 pages. Price, muslin \$2.50. William Wood & Co., New York.

But few monographs, treatises or essays upon this formidable disease are more worthy of reading than the excellent volume of Dr. Billington. While not an exhaustive treatise, as he modestly avers, it is so replete with sound teaching, correct observation and rational ideas, but little is left to be desired.

The author has unquestionably succeeded in presenting a clear and succinct statement of those facts in existing knowledge, which are most essential in forming an intelligent opinion as to the nature of diphtheria, and of those therapeutic principles and details that will enable the physician to treat the disease with the greatest degree of success.

His views upon diagnosis we regard as unusually good, and although he, as all others, must admit the uncertainty of early diagnosis in many cases, he certainly has made out as plain a statement of reliable facts as could well be done.

The concluding chapter, by an authority, on Intubation in Croup, and other Acute and Chronic Forms of Laryngeal Stenosis, is alone well worth the price of the book, and if the plain directions therein delineated are carried out, may prove of incalculable benefit to the practitioner. The illustrations throughout the work constitute a most important feature, notably the colored plate delineating diphtheria and follicular tonsillitis.

HAND-BOOK OF PHYSIOLOGY—KIRKE'S; by W. MORANT BAKER, F. R. C. S., late Lecturer on Physiology in St. Bartholomew's Hospital, etc., and VINCENT DORMER HARRIS, M. D., Demonstrator of Physiology at St. Bartholomew's Hospital, etc. Twelfth edition, re-arranged, revised and rewritten, with 500 illustrations. Eight vo., cloth, pp. 784. William Wood & Company, New York, 1889.

More than a third of a century ago, in addition to Dunglison's Physiology in two volumes, was placed in our hands Kirkes & Paget's Text-book for Students, then a modest and unpretentious

little duodecimo volume of about seven hundred pages. We have followed it through its successful editions until now we have the twelfth, revised by Mr. Baker and Dr. Harris, of St. Bartholomews. That it has kept pace with the progress of time is a self-evident fact, for along the line it has ever been recognized as a safe and standard guide, fully abreast with every measure of progress and advancement.

This edition of the well known Kirkes' Physiology, an old friend in a new garb, contains a large amount of new matter, especially in the sections on the blood, the heart, and the muscular system, while the chapters on the nervous system, the reproductive organs, and on development have been rearranged, and to a great extent rewritten. Thus this popular work has been brought fully up to the present status of physiology. A work so well known as this needs no further comment at our hands, especially when edited by such men as Mr. Baker and Dr. Harris.

A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES, INCLUDING DIAGNOSIS, PROGNOSIS AND TREATMENT. By ROBERT W. TAYLOR, A. M., M. D., Surgeon to Charity Hospital, New York, and to the Department of Venereal and Skin Diseases of the New York Hospital; late President of the American Dermatological Association. To be completed in eight folio parts, measuring 14x18 inches, and embracing fifty-eight beautifully colored plates, with one hundred and ninety-two figures, sixty-five engravings, and about four hundred pages of text. Price per part, \$2.50. *For sale by subscription only.* Two parts to be issued every two months. Parts V and VI, Diseases of the Skin. Lea Bros. & Co., Publishers, Philadelphia, 1888.

We have had occasion previously to call the attention of our readers to this magnificent atlas. It is unquestionably the grandest publication of its kind extant. The subject matter carefully prepared by so able a syphilographer and dermatologist as Prof. Taylor, so beautifully printed on the heaviest and best of paper, and the life-like illustrations, with which diagnosis of these affections is made so easy and certain, are beyond comparison.

Part V. comprises illustrations and chapters on Pediculosis,

Erythema Faciei and Ephemeral Erythemata, Erythema Circinatum, Herpes Iris and Erythema Serpens, Tinea Versicolor, Tinea Tonsurans, Pityriasis Rubra, Dermatitis Exfoliativa, and Impetigo Herpetiformis.

Part VI., contains illustrations and chapters on Urticaria, Pemphigus, Tinea Tricophyton Barbæ, Tinea Circinata, Ecthyma, Lupus Erythematosus and Herpes Zoster.

EXTRA-UTERINE PREGNANCY: 1. Its Pathology, by FRANKLIN TOWNSEND, M. D. 2. Its Diagnosis, by JOSEPH PRICE, M. D. 3. Its Treatment, by E. E. MONTGOMERY, M. D. 4. Observations—Clinical, Pathological and Surgical, by W. H. WATHEN, M. D. 5. A Critique of its Management, by J. M. BALDY, M. D. 6. The Technique of its Operation, by JOHN B. DEEVER, M. D. 7. Its Management when the Fetus Survives Tubal Rupture and goes on to the Period of Viability, by L. S. McMURTRY, M. D. 8. Its Treatment (concluded), by A. VANDER VEER, M. D. A Discussion. From the Transactions of the American Association of Obstetricians and Gynæcologists, 1888, together with an Editorial Review of Tait's *Ectopic Pregnancy and Pelvic Hematocele*, from the *Buffalo Medical and Surgical Journal*. Eight vo., cloth, pp. 66. Wm. J. Dornan, Philadelphia, 1889. Price 75 cents.

This valuable reprint from the *Transactions of the American Association of Obstetricians and Gynæcologists*, comprises a very complete and thorough consideration of a rare but very grave pathological condition. The various chapters are written by gentlemen who have been recognized as progressive and earnest devotees of the specialty to which it belongs.

A MANUAL OF DISEASES OF THE EAR, for the Use of Students and Practitioners of Medicine, by ALBERT H. BUCK, M. D., Clinical Professor of the Diseases of the Ear, in the College of Physicians and Surgeons, New York; Consulting Aural Physician, New York Eye and Ear Infirmary; 420 pages, illustrated. Price, extra muslin, \$2.50. William Wood & Co., New York.

Since the work by this author, published nearly a decade ago, on "Diagnosis and Treatment of Ear Diseases," he has been recognized as an authority on this subject. The manual just

issued in such handsome form by Messrs. Wood & Co., is not only a thorough revision of its predecessor, many chapters having been entirely rewritten, and considerable new matter added, but it is arranged in such admirable form as to make it most desirable as a text-book for students, as well as a valuable guide to the practitioner.

The initial chapters on General Pathology and General Diagnosis are most admirably prepared, and its concluding appendix, comprising an anatomical and physiological sketch of the ear, together with the subject matter of the main body of the work, embracing a full and comprehensive consideration of all general and special diseases of the ear and the parts adjacent thereto, leave nothing to be desired.

THE RADICAL CURE OF HERNIA, by HENRY O. MARCY, M. D., L. L. D., Surgeon to the Private Hospital for Women, Cambridge; President of the Section of Gynæcology, Ninth International Congress; late President of the American Academy of Medicine, etc., etc. Twelve mo., paper, pp. 251, illustrated, (Physicians' Leisure Library). Geo. S. Davis, Publisher, Detroit, Mich. Price paper 25 cents; cloth 50 cents.

This little book is offered to the profession, as the outgrowth of special studies upon the subject of Hernia for the last eighteen years. This subject is one of no little importance, and the reader will find it a very full, but carefully and concisely prepared statement of all that is known in regard to it. All methods and measures of cure are fully considered.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Volume 2, No. 2, May. Eight vo., paper, pp. 264. William Wood & Co., Publishers, 56 and 58 Lafayette Place, New York.

In this number of this valuable series issued by Wm. Wood & Co., we have an excellent article on the Preventive Treatment of Calculous Disease and the Use of Solvent Remedies, by Sir Henry Thompson, F. R. S., M. B.; and one on Sprains: Their Consequences and Treatment, by C. W. Mansell Moullin, M. A., M. D. Remember, that the price of these valuable monographs, which can be sent you by mail, is only \$1.00 each, or \$10.00 for twelve numbers.

PHYSIOLOGICAL NOTES ON PRIMARY EDUCATION AND THE STUDY OF LANGUAGE, by MARY PUTNAM JACOBI, M. D. Twelve mo., cloth, pp. 120. G. P. Putnam's Sons, Publishers, New York, 1889.

The medico-literary world has already accorded a place to the talented authoress of this little volume, and although the work will prove of greater interest to the lay reader or one engaged or interested in educational interests, the professional reader will find the time spent in going through its pages of no little benefit.

ELECTRICITY AND ITS EMPLOYMENT IN REMOVING SUPERFLUOUS HAIR AND OTHER FACIAL BLEMISHES. By PLYM. S. HAYES, A. M., M. D., Professor of Gynecology and of Electro-therapeutics, Chicago Polyclinic; Professor of Analytical Chemistry, Chicago College of Pharmacy, etc. Twelve mo., cloth, pp. 128. W. T. Keener, 96 Washington street, Chicago, Ill, Publisher, 1886.

Facial blemishes, superfluous hair, nævi and other disfigurements, can be successfully removed by electrolysis, and the best and most practical methods are very plainly and concisely stated in this little monograph.

Editorial.

IS THERE MORE THAN ONE ELEMENTARY SUBSTANCE?

Analogy forbids us to believe that, down to a certain limit of dimensions that we call medicines, the constitution of matter is of a wholly different sort from that which appears on sub-dividing the molecules. It is an equally incredible assumption that all atoms of the same element are so many independent creations exactly alike in every respect. Then, as our knowledge increases, the distinctions between the chemical elements are becoming less marked and their relations to each other more intimate. They are beginning to appear, not as isolated units, but as links in a complex network, which presents an unbroken continuity throughout. The recent study of the rarer earths leaves us in doubt whether we have an indefinite number of elements, or only one under unnumbered manifestations; and the later results of spectrum analysis seem to indicate quite clearly that,

at the high temperatures of the sun and the fixed stars, many of our terrestrial elements are decomposed. From a mathematical analysis of the spectra, Grunwald maintains—and supports his conclusion by a remarkable array of confirmatory measurements—that the remarkable solar spectrum line called helium, and the equally well-marked line of the sun's corona, come from two constituents of hydrogen gas, the first of which is somewhat heavier and the last far lighter than hydrogen gas.—*Prof. Josiah P. Cooke, in the Popular Science Monthly.*

This brings to our recollection frequent conversations with General Thomas B. Smith during the early part of the '60's, he at that time being the Colonel of the 20th Tennessee Regiment, C. S. A. He was a warm advocate of aerial navigation, and had given the subject of aeronautics considerable thought, and believed that this century would witness its complete development.

Briefly stated, his views were as follows: "That so far as hydrogen gas as a means was concerned we had about arrived at its highest degree of success—or that but little more than results due to additional experience could be expected of it."

"But," said he, "we now regard hydrogen as one of the elementary substances, such however, has not always been the case. It has not been so very many years ago, when water was considered an elementary body, but we now know it to be a compound of hydrogen and oxygen, the one of the specific gravity of our atmosphere and the other 14 times lighter. Now, there is just as much reason to believe that hydrogen is a compound, and if so, whenever it is resolved into its elementary substances, possibly we may find one of them 14 or more times lighter than hydrogen itself, and then the question of successful and practical aerial navigation is settled. With a gas 10 or 14 or more times lighter than hydrogen you could fill a wrought iron boiler and it would be as buoyant as the light textile fabrics that we now use in balloons. Or to any suitable reservoir filled with such a gas, machinery adequate as a motive power, and capable of being steered or guided in any direction, regardless of any wind currents, could be added; and navigation of the air will then be as practicable, as easy, as common as upon our seas, lakes or rivers."

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

AMERICAN MEDICAL ASSOCIATION.

The Fortieth Annual Meeting of the Association will be held in Newport, Rhode Island, June 25, 1889. The officers for the year 1888-1889, are:

President—W. W. Dawson, M. D., Ohio. *Vice-Presidents*—W. L. Schenk, M. D., of Kansas; Frank Woodbury, M. D., of Pennsylvania; H. O. Walker, M. D., of Michigan; J. W. Bailey, M. D., of Georgia; *Treasurer*—Richard J. Dunglison, M. D., Pennsylvania; *Permanent Secretary*—Wm. B. Atkinson, M. D., Pennsylvania. *Librarian*—C. H. A. Kleinschmidt, M. D., Washington, D. C.

The Trustees of the Journal: J. M. Toner, M. D., Washington, D. C., President; John H. Hollister, M. D., Illinois; Secretary and Treasurer, E. M. Moore, M. D., New York; P. O. Hooper, M. D., Arkansas; L. S. McMurtry, M. D., Kentucky; Alonzo Garcelon, M. D., Maine; Leartus Connor, M. D., Michigan; E. O. Shakespeare, M. D., Pennsylvania; Wm. T. Briggs, M. D., Tennessee.

The Judicial Council: N. S. Davis, of Illinois; H. Brown, of Kentucky; Wm. Brodie, of Michigan; Deering J. Roberts, of Tennessee; R. C. Moore, of Nebraska; T. A. Foster, of Maine; Jas. A. Gray, of Georgia; J. H. Murphy, of Minnesota; Jos. M. Toner, of District of Columbia; J. K. Bartlett, of Wisconsin; A. B. Sloan, of Missouri; X. C. Scott, of Ohio; B. McClure, of Ohio; W. A. Phillips, of Kansas; A. M. Pollock, of Tennessee; W. C. Van Bidder, of Indiana; Chas. S. Wood, of New York; J. McF. Gaston, of Georgia; W. H. O. Taylor, of New Jersey; Geo. L. Porter, of Connecticut; J. F. Hibberd, of Indiana.

THE OFFICERS OF THE SECTIONS.

Practice of Medicine, etc.—F. C. Shattuck, Boston, Massachusetts, Chairman; G. A. Fackler, Cincinnati, Ohio, Secretary.

Surgery and Anatomy.—N. P. Dandridge, Cincinnati, Ohio, Chairman; W. O. Roberts, Louisville, Kentucky, Secretary.

Obstetrics and Diseases of Women.—W. H. Wathen, Louisville, Kentucky, Chairman; A. B. Carpenter, Cleveland, Ohio, Secretary.

State Medicine.—J. Berrien Lindsley, Nashville, Tennessee, Chairman; S. T. Armstrong, United States Marine Hospital, New York, Secretary.

Ophthalmology.—Geo. E. Frothingham, Ann Arbor, Michigan, Chairman; G. C. Savage, Nashville, Tennessee, Secretary.

Laryngology and Otology.—W. H. Daly, Pittsburg, Pennsylvania, Chairman; E. Fletcher Ingalls, Chicago, Illinois, Secretary.

Diseases of Children.—J. A. Larabee, Louisville, Kentucky, Chairman; C. J. Jennings, Detroit, Michigan, Secretary.

Medical Jurisprudence.—J. G. Kiernan, Chicago, Illinois, Chairman; T. C. Evans, Baltimore, Maryland, Secretary.

Dermatology and Syphilography.—L. Duncan Bulkley, New York, Chairman; W. T. Corlett, Cleveland, Ohio, Secretary.

Oral and Dental Surgery.—F. H. Rehwinkel, Chillicothe, Ohio, Chairman; E. S. Talbot, Chicago, Illinois, Secretary.

Chairman Committee of Arrangements, H. R. Storer, M. D., Newport, Rhode Island.

Notice to Exhibitors.—Intending exhibitors at the coming meeting of the American Medical Association should address Dr. Chas. A. Brackett, Newport, R. I., Chairman Sub-Committee upon Exhibitors. The following classes of applications have been entertained: 1° Medical books and stationary, charts and diagrams, busts, portraits, engravings, photographs, etc. 2° Hospital and ambulance plans and models. 3° Surgical instruments and supplies, general and special (gynæcic, obstetric, orthopedic, laryngeal, otic, ophthalmic, dental, etc.) 4° Microscopes, analysis outfits, and electro-galvanic apparatus. 5° Pharmaceutic products. 6° Rubber goods applicable to medicine and surgery. 7° Invalid furniture. 8° Invalid foods. 9° Sanitary appliances, as ventilators, filters, w. c. basins, traps, and similar necessities, and disinfectants. Choice of space will be given in accordance with the date of application. Applicants should state the character of their proposed exhibits, that they may be assigned to their respective groups. The sub-Committee reserve the right of rejection, in case of apparent reason.

HORATIO R. SUORER, M. D.,

Chairman Committee of Arrangements.

WASHINGTON IRVING BISHOP: WAS THE AUTOPSY PREMATURE?

The wonderful and peculiar feats of "mind reading" performed by Bishop for some years past gave him a considerable degree of notoriety on both sides of the Atlantic. The manner and method of his death, which occurred at a New York club house on the morning of May 13th ult., has added no little to that notoriety, and has been a subject for newspaper comment for some weeks past.

He was born in Boston in 1856, and early obtained a reputation as a "mind reader." His exposé of the tricks of Slade and other spiritualists in England, about 10 years ago attracted much attention, together with his surprising feats of telling the numbers upon bank-notes that he had never seen. His demonstrations in this city only a few weeks ago caused no little comment, and although many theories have been advanced, none so far have any known scientific basis. That he was of a highly nervous organization and temperament is unquestioned; he being on frequent occasions subject to the trance or cataleptic condition, as was his mother before him.

The manner of his death is thus graphically delineated in the *Scientific American* of May 25th:

After some of his ordinary "tricks," experiments, demonstrations, or whatever they maybe termed, "he asked the Secretary of the club to think of some word in the club's book of account or record. The Secretary, with Dr. J. A. Irwin, who was an acquaintance of Bishop, went down stairs where the books are kept, and selected the name of Margaret Townsend, found in some records, both fixing the word "Townsend" in their mind, and noting just where it appeared; they hid the book and went back up stairs. Bishop, blindfolded, had the Secretary's hand placed upon his own, and then led the party down stairs. He found the book without difficulty, turned over the pages rapidly till he came to the page where the name appeared, then skimming his fingers over it, gradually settled upon the word itself, although he was not told what the word was. All this had been done while he was blindfolded, and Bishop had been getting into a very excited state.

On being led back up stairs, he proposed to tell what the word was in a manner which would demonstrate that "muscle reading," as it is called, had nothing to do with the performance. He asked all to stand back, and, insisting that the Secretary should think intently of the word, stood apparently in a state of half consciousness, the bandage covering his eyes and other parts of his face. Soon he said, "I think it is a name." After further apparently intense mental effort, he exclaimed nervously, "Give me something to write with." Being handed pencil and paper, without an instant's hesitation he wrote, "Townsend," not in natural form, but as the word would appear written on paper and reflected in a mirror. "That is it," he exclaimed, and, as the persons about burst into applause, Bishop stiffened out and sank back unconscious.

Dr. Irwin assured the others that it was only one of the cataleptic fits to which Bishop was frequently subject, and was not dangerous. Bishop was stretched on the floor, and soon, under the care of the doctor, began to show signs of returning consciousness. When he was able to sit up, through apparently only half conscious, the doctor was explaining something of the physical features of the case to those present, stating that the peculiar backward fashion in which the name was written might be accounted for by the fact that the original reflection of everything seen by the eye is inverted as in a mirror, and is reversed by the optic lens on the way to the brain. Bishop, who had apparently heard everything, interrupted the doctor and asked him to make it clear that what was written on the scrap of paper was the exact copy of what appeared in his eye, and was written by him without conscious intervention of the brain.

Bishop was now so excited that the doctor ordered him to be taken to an upstairs room. His pulse was frightfully high, but he so strenuously insisted on doing the trick over again that the doctor finally consented, as affording the best means of quieting him. The book was brought, and Bishop, blindfolded, set out to find the word again. He wandered over the book with great difficulty, but finally hit the right page, found the word, and indicated it by a savage stroke of the pencil across it.

The "mind reader" was now more exhausted and excited than ever, and Dr. Irwin, fearing a nervous collapse, sent for Dr. C. C. Lee to help him. Bishop had frequent spasms, and it was with difficulty that he could be held still. About 4 o'clock in the morning he had another violent cataleptic fit, and went from it into a state of coma, from which he had only moments of half consciousness for two hours, but not a clearly conscious moment from 6 o'clock in the morning until a few minutes past noon, when his pulse and breathing ceased, and he was apparently dead. For fear that it might be only a cataleptic trance, powerful electric currents were applied, and for half an hour some semblance of life was maintained, but at last the current ceased to have any effect, and the doctor said Bishop was unmistakably dead. The body was removed to an undertaking establishment, where, in the afternoon, an autopsy was made by Dr. Irwin and Dr. Ferguson, the pathologist of the New York Hospital.

The suddenness with which this autopsy was made, in the absence of authority from the friends or relatives of the deceased or from the coroner, has caused great feeling in the community. This is height-

ened by the fact that Bishop, his wife, and his mother, were opposed to an autopsy, and especially desired that in the event of his supposed death at any time the body should be kept as long as possible, for he had frequently been in a state of almost seeming death for a good many hours, as a consequence of these cataleptic fits, as had also his mother.

The autopsy is said to have shown nothing to indicate any cause of death, except the result of the great nervous strain to which Bishop had subjected himself. The brain was a little larger than usual for a man of his size, weighing forty ounces. The gray matter was unusually dark in color, but there was no malformation or other physical indication that the brain was other than that of an ordinary man. The case is one, however, that is sure to attract wide attention in the medical fraternity, and the controversies about it commenced on the very day the 'mind reader' died."

The coroner's jury impaneled to investigate the case, decided that the cause of his death was coma, and that the doctors acted in good faith, though hastily. To which we would add—unnecessarily hastily and imprudently.

FEBRILENE.—R. G. Eccles, in *The Druggist Circular*, makes the statement, which is quoted in quite a number of our exchanges, that this preparation, manufactured by the Paris Medicine Co., does not contain quinine, but only "quinidine" in mixture flavored with lemon syrup."

Its manufacturers state as follows: "We have by purifying the amorphous quinine obtained a pure alkaloid, the active principle of the amorphous quinine, which we have rendered tasteless, and which is equal to sulphate of quinine in every respect."

Biddle's *Materia Medica*, 11th edition, says of quinidine that, "according to Liebig, it bears the same relation to ordinary quinine that uncrystallizable sugar bears to the crystallizable. It is considered equally efficacious with quinine."

Ringer in his *Handbook of Therapeutics*, 12th edition, quoting from the medical Committee appointed by the Indian Government to estimate the relative value of the alkaloids of cinchona, has the following: "The general opinion was that sulphate of quinine and sulphate of quinidia possess equal febrifuge power"

As for our own opinion in regard to febrilene, which we give unasked and unhesitatingly, it is that in every instance in which we have tried it, and the instances have been quite numerous, it has proven

equally efficacious as the sulphate of quinine, and is unquestionably the most palatable form of quinine, amorphous quinine, or quinidia that we have ever tried. These two facts, which have been sustained in our own experience and that of many of our acquaintances—its efficacy and its ease of administration in the cases of children, fully justify us in regarding Febrilene, or The Tasteless Syrup of amorphous quinine as a valuable addition to our Therapia.

A NEW MEDICAL COLLEGE IN TENNESSEE.—A medical college has been organized in Knoxville, with the following-named faculty: Dr. J. C. Cawood, Dean and Professor of Theory and Practice of Medicine; Dr. C. M. Drake, Professor of Anatomy and Pathological Anatomy; Dr. C. C. Lancaster, Professor of Physiology; Dr. W. E. Moses, Professor of Chemistry; Dr. J. W. Hill, Professor of Surgery; Dr. M. Cowen, Professor of Orthopædic and Operative Surgery; Dr. R. M. C. Hill, Professor of Materia Medica and Therapeutics; Dr. C. M. Ristine, Professor of Obstetrics and Gynecology; Dr. J. M. Masters, Professor of Diseases of the Eye, Ear, Nose and Throat; Dr. M. Campbell, Professor of Mental and Nervous Diseases; Hon. H. R. Gibson, Professor of Medical Jurisprudence; and Dr. C. M. Cawood, Demonstrator of Anatomy. It is announced that there is to be a Chair of Dental Surgery.

KATHARMON.—Dr. H. Tuholske, Professor of Clinical Surgery and Surgical Pathology, Missouri Medical College, also Professor of Surgery and Diseases of the Genito-Urinary Organs, St. Louis Post Graduate School of Medicine, writes: After an extended experience I am able to say that with Katharmon there is added to our list a preparation of decided elegance and great efficiency. It is an antiseptic of considerable power, yet mild, pleasant, non-irritating and non-poisonous. It has quite a range of applicability and I have used it with satisfactory success in Catarrhal affections of the mucus membranes of the mouth, throat, nose, etc., and as a dressing for fresh wounds and of foul ulcers, and as a douche for offensive discharges. We are indebted to the Katharmon Chemical Co., of St. Louis, for the introduction of this valuable preparation.

SYPHILITIC ULCERATION OF THE SOFT PALATE.—Dr. I. W. Condict, of Dover, N. J., writes: I have recently witnessed satisfactory results from the persistent administration of Succus Alterans in an aggravated case of the destruction of the tonsil, velum and all surround-

ing soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease.

(We personally know Dr. Conduct as a physician of large practice, much above the average in education, and one of the most successful physicians in New Jersey. Coming from him the above is a very high commendation.—*Ed. Mass. Med. Journal.*)

BOARD OF MEDICAL EXAMINERS.

The following gentlemen have been appointed by Gov. Robt. L. Taylor:

J. B. Murfree, M. D., of Murfreesboro.

D. D. Saunders, M. D., of Memphis.

E. E. Hunter, M. D., of Elizabethton.

H. P. Williams, M. D., of Cowan.

Eclectic.—Dr. W. H. Halbert, Lebanon.

Homœopathic.—Dr. Thos. Hicks, Knoxville.

NUTROLACTIS.—In the *Medical Brief* for May, Dr. B. F. Jones, of Texas, reports excellent results with this galactagogue. In a report of two cases benefited by it he has the following:

"Aside from its galactagogue properties, it is an efficient general tonic—improving the appetite, digestion and assimilation.

I report these two cases for the reason that I believe Nutrolactis to be by far the best galactagogue ever presented to the medical profession."

DYLMENORRHEA.—William Wiles, M. D., Snaresbrook, Essex, says: I used Aletris Cordial especially in a case of severe dysmenorrhea of considerable standing. The first period that occurred after taking the Cordial was passed through with considerably less pain than usual. The patient took the medicine for a week before the menstrual period was expected for six months. At the end of that time no difficulty or pain was experienced. So that, considering the time the patient had been suffering before, the benefit was very marked.

A BOSTON PAPER SAYS: "There is no hotel in New York so satisfactory as the famous Sturtevant House, Broadway cor. 29th street. Its location is central and Matthews & Pierson its proprietors serve guests on both European and American plans and their charges are very reasonable."

TAKES THE PLACE OF ARSENIC.—I have found Crystalline Phosphate *par excellence* in all cases wherein, in days gone by, arsenic was indicated. P. J. GERLACH, M. D., 311 W. 8th street Cincinnati, O.

KATHARMON.—In quite a series of cases of chronic Pharyngeal and nasal catarrh, this remedy used with the atomizer has given most satisfactory results. We heartily advise our readers to give it a trial.

LACTOPEPTIN.—Now that the days of Cholera Infantum are close at hand, our readers will do well to bear in mind the valuable properties of Lactopeptin both as a curative and prophylactic agent.

CAMPHO-PHENIQUE.—We have recently made several trials of this new candidate for professional favor, in cases of fresh wounds and chronic ulcers, and have found it a most excellent dressing.

CONTENTS FOR JUNE, 1889.

ORIGINAL COMMUNICATIONS:—

Epidemic Cerebro-Spinal Meningitis, by J. S. Nowlin, M. D.	235
Typho-Malarial Fever—So Called, by F. M. Duke, M. D.	242

SELECTIONS:—

A Tonic Formula.	247
Urethral Stricture—Treated by Electrolysis.	249
A Question of Law.	251
Charcot on Suspension in the Treatment of Progressive Locomotor Ataxy.	252
Treatment of Foreign Bodies in the Stomach.	253
A Simple Method of Securing the Lingual Artery During the Operation of Excision of the Tongue with the Scissors.	255
One Thousand Consecutive Cases of Abdominal Section.	256
A New Antidote for Morphine.	257
Inflammatory Croup vs. Diphtheria.	258
Is Syphilis Ever Cured?	258
Impotence Consequent on Variocoele.	259
Epilepsy Cured by Ablation of a Cerebral Tumor.	259
Electric Treatment of Hysteria.	259
Chronic Alcoholism.	260
The Devil Was Sick; The Devil a Saint Would Be.	260

EDITORIAL, REVIEWS, ETC:—

Reviews and Book Notices.	261
Is There More Than One Elementary Substance?	269
American Medical Association.	271
Washington Irving Bishop: Was the Autopsy Premature?	272
Febriline.	275
Editorial Items—Board of Medical Examiners.	276-7

THE SOUTHERN PRACTITIONER.

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Original Communications.

OPHTHALMIA NEONATORUM.*

BY J. G. SINCLAIR, M. D.,

*Professor of Diseases of the Eye, Ear, Nose and Throat in the
Medical Department University of Tennessee.*

A short time ago I received a note from the Secretary of the State Society saying, "he had booked me for a paper on the Common diseases of the Eye and their treatment." Now the common diseases of the Eye do not generally excite that degree of interest that the more severe forms do. Yet they are of great importance to the individual as they may so affect him as to debar him from following those pursuits in life for which he is prepared, but requiring accurate vision to succeed in them. So their importance cannot well be over estimated. When we take into consideration the fact that nearly every tissue in the body is

*A paper read at the Fifty-sixth Annual Meeting of the Tennessee State Medical Society.

represented in the eye and its appendages, we must expect to find such pathological changes as take place in similar tissues in other parts of the body, with this difference, that slight changes in so highly organized tissues tend to very serious interruptions to the functions of this organ. I think the Secretary was hardly aware of the extent of the task he had set for me, for the common diseases of the Eye are numerous, and some of them exceedingly dangerous and destructive to useful vision. For instance, the conjunctiva, that membrane that covers all of the exposed part of the eye-ball forming the epithelial layer of the cornea, lining the inside of the lids, passing down through the puncta lachrymalia, canaliculi, lachrymal sac, nasal duct, and is continuous with the mucus membrane of the nose, and at the margin of the lids with the common integument. This membrane, like mucus membrane in other parts of the body and from its exposed condition, is liable to various grades of inflammation, such as simple catarrhal conjunctivitis, muco-purulent conjunctivitis, purulent conjunctivitis, phlyctenular conjunctivitis and other affections of this membrane, that might be called common diseases of the Eye. Ulcers and abscesses of the cornea might be incurred in time, and so might errors of refraction and accommodation be called such, for there are very few eyes that are not affected by such troubles. So that common diseases of the eye cover too large a field for one paper to do the subject justice. Hence, I will confine myself to one of the most importance to the general practitioner, especially because it falls to his lot to see these cases first, when proper treatment leads to certain cure, and that is purulent conjunctivitis of infancy, or ophthalmia neonatorum as it is called. It is important to all because it is the cause of about 25 per cent. of all the blindness in the world. In London, Brudenell Carter estimates that nearly one-half of the blindness is from this disease. Fuchs found that 23.5 per cent. out of 3204 cases collected from different Asylums in Europe was caused by ophthalmia neonatorum, and when all classes and the inmates of all blind Asylums were counted, the percentage was greater.

Dr. Howe, of Buffalo, who has been investigating this subject in the State of New York, found about the same relative propor-

tion ; out of the 128 inmates of all the blind at Batavia he found 33.4 per cent. due to this cause. In our own State I find that 10 per cent. of the inmates of the blind school in this city, have lost their sight by this form of inflammation, and if it were necessary I could give statistics to show that at least 10 per cent. of all the blindness, both in Europe and this country, is the result of purulent conjunctivitis of infancy, and that about 10 per cent. of all children born into the world are affected by it. Hence I say that this disease is common and important and that there is no disease of the eye so destructive, yet none so amenable to treatment ; so much so, that not a single case should be lost, if seen sufficiently early, unless in cases of constitutional taint, which may so interfere with the reparative process that nothing will arrest the destructive action of the disease. The disease usually makes its appearance between the first and sixth day of infantile life. Generally when called to see the little patient, we find the eyelids somewhat reddened, swollen and puffy, the eyelids stuck together with dried secretion at the margins. In bad cases the upper lid is very much swollen, dusky and tense and if the lids are separated the purulent matter wells up, and if profuse may flow over on the cheek ; there may be some chemosis, and more or less swelling of the papillary portion of the palpebral conjunctiva ; there may also be unusual heat of the skin around the eye. This condition usually lasts from six to eight days, when the acute inflammation begins to subside, but the discharge may continue for a much longer period. If the case is neglected, or improperly treated, there is great danger of the cornea being affected, partially from strangulation of blood vessels cutting off the supply of nutrition, and partially from the local influence of the discharge. If on examination we find the cornea hazy and dull, like the eye of a dead fish, there is great danger that partial or total sloughing of the cornea will follow, or ulcers may occur, which sometimes rapidly causes perforation. But in a large number of cases no corneal complication takes place, so that our prognosis will depend upon the state of the cornea ; if clear, favorable, if hazy doubtful. Treatment : When the case is seen in its incipency, sponge the eye carefully with warm water fre-

quently, and the application of a solution of Boracic acid gr. x, Aqua Dist. j̄3., to the eyes four or five times a day will relieve the inflammation. But in severe cases, the eye ought to be thoroughly cleansed of the purulent secretion with warm water, a small retractor to be used if necessary, to elevate the upper lid, so that the cleansing agent can be thoroughly applied with a small hand-ball syringe,—a glass dropper will answer this purpose if nothing better is at hand. Then use a saturated solution of Boracic acid immediately after ; this to be repeated every half hour, night and day until the inflammation begins to subside. While the discharge is profuse a 2 per cent. sol. argent nit., to be dropped on the everted lid if possible, the excess to be neutralized with a solution of common salt, and the daily application of one drop sul. of atropia, gr. ii, aqua 3℥. Should the cornea be affected at its margin use Sulph. Eserine gr. iv., Aqua Dest. f̄3j., instead of the Atropine solution. It is pretty well established now that Ophthalmia Neonatorum is almost invariably caused by direct inoculation of the conjunctiva with the maternal secretions, during or shortly after parturition by carelessness of the nurse or attendants in washing the children after birth.

Recognizing the etiology of this disease, our duty lies in the direction of prophylaxis. No greater calamity can befall an individual than blindness, and when this is the result of a disease that can and ought to be stamped out of the long list of diseases to which the human body is heir to, it is our duty to make use of every means to obtain this desirable result. Credé of Liepsic has almost succeeded in doing so. In 1880 he began his prophylactic treatment and has carried it out strictly ever since, and had the extreme gratification of seeing the number suffering from Ophthalmia Neonatorum in the Liepsic Lying in Hospital reduced from 10 per cent. to less than .02 per cent. He employs the prophylactic treatment in all children, without examination, immediately after birth. As soon as the cord has been cut and the child bathed, the eyes are washed with water, then the lids are opened and a drop of a 2 per cent. sol. of argent nit. dropped into the eye. No unpleasant effect has ever been known to follow, although some slight irritation of the conjunctiva in some

cases has been seen, but these symptoms all disappear in a day or two without any treatment. I do not wish to take up the time of the Society by referring to statistics, both in this country and Europe, to show the large proportion of blindness that is caused by this disease, as well as to show the efficiency of Crede's preventive method, for enough has already been said to answer the purpose of this paper. In conclusion, I would suggest, in view of all the facts before us, that every parturient woman with a vaginal discharge should have the parts well syringed with .04 per cent. sol. of Hydrarg. Bich., or some other mild antiseptic; and that children born of mothers so affected should have two or three drops of a 2 per cent. sol. of argent nit. dropped within the eyes immediately after being dressed and the case carefully watched for a few days. If any inflammatory symptoms should develop, the case should be promptly reported to his family physician or some one competent to treat the case properly.

SUPPURATIVE OTITIS.

BY H. D. MCGILL, M. D., OF CLARKSBURG, TENN.

Suppuration of both the external and middle ear, is a disease of by no means infrequent occurrence, and upon its successful treatment and speedy termination depends, in many instances the loss or maintainance of one of the most important senses. How many men and women do we meet from day to day, with hearing greatly impaired or perhaps entirely lost, as a result of Suppuration of some part of the auditory apparatus during early life. Too often has it been, and is yet the custom with the general practitioner to pay but little if any attention to diseases of this character, resorting to some placebo or empiric remedy, or gravely advising to "let it alone," giving as their reason the possibility of producing a mastoid abscess or acute cerebral lesion if it is treated, thereby blindly asserting their inability to treat it successfully, and aiding by their advice the accomplishment of an end that should be their duty to defeat. While it is not expected that the general practitioner should attain the proficiency

of a specialist in the treatment if all various pathological conditions affecting the important function of hearing, and the wonderful and delicate complexus of organs pertaining thereto, suppurative inflammation, as a complication or sequel of the exanthems, or as a result of traumatism, exposure to cold or other etiological factors, is if so frequent occurrence, so disastrous results, and has proven so amenable to the Boracic acid treatment in a series of cases coming under my observation, that I have thought proper to give my views of treatment in the following clinical report of one of a series of cases. This one being so typical of others, their history is unnecessary. The only suggestion that I think necessary to make, is that the Boracic acid treatment being about the best.

This method of treatment is not claimed as original, I only desire to call the attention of other general practitioners to it.

June 1st, 1887.—Ida B., aet. six, was brought to my office to be treated for Chronic Suppuration of middle ear.

Upon examination I ascertained that since she was six months old her ears had been continually discharging in spite of the injections of Arg. Nit., sulph. Zinc., Carbolic Acid etc., of the strength usually used.

The discharge was now so offensive from each ear as to be very disagreeable. I would not exaggerate if I were to say $1\frac{1}{2}$ oz. of pus was discharged each day. The discharge had become so irritating as to make sores wherever it remained any length of time. There was also a profuse nasal catarrh, engendered by the irritating pus, and there were perforations in each tympanic membrane, the pus making its way through the eustachian tube into the nasal passages, and by its irritation producing the catarrh.

With a Goodyear hard-rubber ear syringe I thoroughly cleansed each ear, using about four oz. of warm water, (cold water should never be injected into the ear), to each ear, then wiped the ears as dry as possible with absorbent cotton twisted upon a barbed probe, and packed the ears with Boric acid pulv., using a piece of soft pine wood to pack with, and used eight grains of Boric acid or thereabouts. I repeated this treatment twice each day for about ten days, then once a day for two weeks, then every

third day for about a month, when she was discharged cured. I did nothing for the nasal discharge, but it seemed to improve as the ears got better. It is now nearly two years since the patient was discharged, and there has been no return of the discharge as yet from ears or nose, and she is in good health.

Correspondence.

PHILADELPHIA CORRESPONDENCE.

*The Johnstown Horror—Heroism of the Native Practitioners—
Medical Relief from Here—the Special Train Under Dr.
Forbes' Command—the Advance Guard—What Was
Found in the Hospitals—Dr. Lowman and his Vis-
iting List—Dr. Matthews and the Confinement
Cases—Number of Physicians Lost—
Means for Their Relief.*

Of course with us the all-absorbing topic among laity and physicians at present is the Johnstown horror and its details. I will try to give you an idea of what has been done by this city in the way of medical relief for the sufferers, but especially for the afflicted physicians of the district and their families. There was no class of men in Johnstown during that terrible afternoon and night who rendered as great aid, and rescued as many lives by acts of heroism, as the physicians resident in the place, and since then, worn out by their work, want of sleep, and the dreadful sights, without change of clothes, they have cared for the wounded, sick and dying, and cheered the despairing survivors. As soon as Philadelphia heard of the terrible disaster, Dr. Lowman having telegraphed to Dr. Forbes, of this city, for medical aid, it was determined to send Dr. Forbes with a special train, carrying medical stores, physicians, food and clothing, to reach as soon as possible the flooded district.

A special call was made Sunday morning from every pulpit, asking for clothing, food and money to be sent with the party.

The call was nobly respected ; wagons of clothes, bedding and food rolled through the streets, and by the same night a train of seventeen cars was ready to go with the doctors on their humane mission. Fearing, however, from the reports of the Superintendent of the Baltimore & Ohio railroad, over which the party was to go, that that route, if not washed away, in many places was at least submerged, it was decided also to send two physicians, as an advance guard, to get to Johnstown as soon as possible, and report to Dr. Lowman that medical supplies and physicians were coming. Dr. Geo. I. McKelway and myself were sent on this latter mission. After careful consultation with different railroad officials, we decided that the only route, which it was probable was open, lay via New York to Albany, to Buffalo, and down the Allegheny Valley to Pittsburg. As these roads were the only ones which had not reported washouts. We left Philadelphia Sunday noon, while the party was preparing its special train, and by hard travel, reached Pittsburg Monday night, having gone one thousand one hundred miles to get three hundred. We found Pittsburg in the wildest state of excitement, but were told by the Citizens' Relief Committee, of that city, to telegraph that no physicians or medical supplies were needed, that all the drugs, instruments, and physicians necessary were already in Johnstown, and that forty doctors had been sent home already that day.

Fortunately, the telegram did not reach the relief train, for the committee were misinformed on that point. Although worn out, we decided to push on to Johnstown that night, leaving Pittsburg at 10 o'clock, P. M. We reached Rockwood at half-past two in the morning, and waited for day break, not daring to go up Stoney Creek for fear of washouts on the railroad. At five we started again, and reached Johnstown in a short time.

You are probably, by your daily papers, so familiar with the descriptions of the scenes in Johnstown that I will not add to them, but give simply what had been done, and was being done in the medical line.

We reported at once at the Bedford-street Hospital, which is the leading hospital, and found the number of sick and wounded

remarkably small. There were not more than forty wounded in the little building, the majority either escaping intact, or being crushed to death or drowned. We found the supply of surgical material perfect, bandages, splints, lint, absorbent cotton, and anti-septic preparations in profusion, but medicines were scarce.

At first, all they had in the way of drugs had been dug out of a drug store, which had been demolished by the flood. We decided to take all the sick and wounded to Pittsburg Tuesday night, there being no suitable accommodation for them in the town.

As physicians were not needed there at that time, we decided to return to Philadelphia immediately, for four reasons: First, to send a supply of drugs, which no one outside seemed to think necessary to send; secondly, to stop the great influx of physicians for the present, and to get them to form into relays and come for certain periods to relieve, in regular order, the physicians on duty. This point was especially important, for every physician from everywhere, who could come at all, was coming at once, when there was no need of his services, while later, if the dreadful epidemics of typhoid, of malaria, of diphtheria, and of measles, should break out, there would be no one to attend to the stricken patients; thirdly, we wished to raise a separate fund for the physicians and their families, for, as they would have a good deal to do in the giving out of the general fund, they would neglect their own interests; and, fourthly, we could not do good by staying, and were simply helping to consume the supply of food which was at that time limited.

Returning home, we found the physicians of the city ready and eager to subscribe for the benefit of their medical brethren in the flooded districts. At the first meeting of the College of Physicians, \$1,200 was immediately raised, and \$1,600 by the County Medical Society.

A personal canvass of the physicians of the city, and those of the laity who are likely to subscribe, is being made also. We hope the practitioners of your beautiful city will not forget their afflicted brothers in the profession.

Dr. Forbes and his party arrived Wednesday morning in the Valley of the Conemaugh, and are now busy with prophylactic measures to prevent the threatened epidemics. We asked Dr. Lowman what he had saved of his own property from the ruins. Unbuttoning his coat, and taking out a water-stained visiting list, he held it up, and pointing at it, said: "This, gentlemen, represents my property, my house, my books, my instruments, my accounts, it is all that is left of the accumulation of years."

Dr. Matthews, a young physician, who went to Johnstown from Philadelphia a few months ago, said: "There is not a hypodermic syringe left in Johnstown, not a catheter, not a pocket-case, not a surgical instrument." One of the unfortunate results of the disaster is the number of abortions and miscarriages, which are occurring. Dr. Matthews had two such cases during the night of the flood, which he attended faithfully, notwithstanding he himself was badly injured.

The number of physicians and the members of their families who were drowned, cannot be ascertained for some time to come.

J. HOWE ADAMS, M. D.

PHILADELPHIA, PA., June 10, 1889.

Selections.

THE TREATMENT OF BRIGHT'S DISEASE.—In the first place, you should dismiss from your minds any idea of suppressing, or even diminishing, the albuminuria by drugs administered with the object of constricting the renal vessels, or of so modifying the albumin as to make its filtration through the glomerular vessels difficult or impossible. Such effects have been ascribed to tannic and nitric acids, but they have been weighed in the balance and found wanting. The treatment of Bright's disease must, therefore, for the most part, be dietetic and hygienic.

Before mentioning any particular articles of diet that exercise an injurious effect in Bright's disease, it should be stated that in the urine of a certain proportion of perfectly healthy persons

after a hearty meal—i. e., a meal containing an abundance of nitrogen, albumin may be found. It would appear, therefore, on *a priori* grounds, that albuminous substances should be administered sparingly, and clinical experience brings ample testimony in support of this inference. It may be laid down as a rule that eggs are to be discarded from the diet. Experiments on animals have proved that the quantity of albumin excreted with the urine is much greater than the amount of this substance injected into the viens—in one instance four times as much—and that the albuminuria thus excited is more or less persistent. It would seem that egg albumin to certain animals and to certain constitutions is a decided irritant to the kidneys. The same is true to some extent of meat, which should be administered sparingly, and preference given to white meats and fish, which contain less albumin than beef and mutton. Another objection to the use of albuminous substances is that they increase the quantity of urea in the blood, and whatever views may be held with reference to the production of so-called “uræmia,” there is no doubt that the presence of urea in an albuminous solution increases the filtration of the albumin.

Cheese is another substance to be avoided. Fifty years ago (in 1839) Christison observed temporary albuminuria in persons who had eaten heartily of this substance.

It is sometimes argued that as albumin passes out of the system in large amount, this loss should be atoned for by the free ingestion of albuminous substances, but such an argument proceeds from ignorance of the facts of the case. In albuminuria of high degree the loss of albumin, when carefully estimated, is found to be remarkably small. It rarely amounts to more than a few tenths of one per cent., and it has been calculated by Senator that half a pound of meat contains enough albumin to cover the weekly loss of this substance in high degrees of albuminuria.

As regards fluids, alcoholic drinks should be entirely avoided, but when patients insist that they cannot do without such beverages, which is equivalent to saying that they will not, they may be advised, out of a variety of evils, to choose the least, which is claret. Its percentage of alcohol is small, and it contains tannin,

which is still regarded by some as of medicinal value. Beers are considered more injurious than wines. The composition of wines is involved in some obscurity, but they certainly do not contain the salicylic acid and cocculus indicus which have been found in some beers.

Having mentioned some of the substances to be avoided in the diet of those afflicted with Bright's disease, it remains to be stated what things may be consumed, not only with impunity but with benefit. The main reliance should be upon milk. An exclusive milk diet is often talked about but seldom lived up to. The bulk of this liquid, which must be taken to supply the barest needs of the system, is so great as to overtax the average healthy stomach, to say nothing of the irritable stomach of Bright's disease. According to Voit, a healthy adult prisoner, while idle, requires 85 grammes of albumin, 30 grammes of fat, and 300 grammes of hydrocarbons per diem, while two litres (about $3\frac{1}{2}$ pints) of milk contain only from 68 to 70 grammes of albumin. The fat in this amount of milk will be twice as much as is necessary, and the hydrocarbons about one-third the necessary amount. If the digestion is good the milk may be given unskimmed, as the fat may supply the deficiency in hydrocarbons, but if, as is generally the case, it is bad, the milk must be skimmed and the deficit in hydrocarbons made by the addition of bread, oat meal, hominy, or rice. On such a diet the nutrition may be well maintained, especially if the patient does not take much exercise, and here let me insist on the important fact that a patient with Bright's disease should take little or no active exercise, for muscular activity by increasing arterial tension is always injurious. Passive exercise in the form of massage is all that should be indulged in. The functions of the skin may be maintained by occasional warm baths followed by vigorous friction, during which great care must be observed to avoid taking cold. The underclothing should be of wool the year round.

The question of the climatic treatment of Bright's disease has not received the attention it deserves. Above all things the climate recommended should be dry. A warm is to be preferred to a cold climate, but a cold, dry climate is better than one that

is warm and moist. It is probable that the early detection of Bright's disease and the removal of the patient to a suitable climate will be followed by at least as good results as have attended similar procedures in cases of phthisis. Pye-Smith mentions the case of a young man who was anæmic and oedematous, with casts in his urine and increased vascular tension, who was completely cured by a residence of one winter in Egypt, the only additional treatment being flannel, diet, and chalybeates.

The drugs employed in the treatment of chronic Bright's disease are administered with the view of mitigating the severity of the secondary symptoms. Of these, the one universally present is anæmia, which may be so great as to cause serious difficulty in determining whether or not it is primary. For example, Fagge mentions a case of contracted kidney which was "set down," presumably by himself, as one of pernicious anæmia. The difficulty is enhanced by the fact that in high degrees of anæmia, owing to diminished blood pressure and mal-nutrition of the renal epithelium, a slight degree of albuminuria is frequently present. As to the degree of the anæmia of Bright's disease, that, of course, depends to a great extent upon the stage it has reached, although the anæmia in an early stage of cases that have been neglected may be greater than that of a later stage of cases which have received proper treatment. Chalybeates are, therefore, indicated from the start, a fact which was empirically ascertained long before the introduction of clinical examinations of the blood. There is no better preparation of iron in Bright's disease than the tincture of chloride. Basham's mixture, which, besides this tincture, contains acetic acid and liquor ammoniæ acetatis, is an excellent preparation. The last-named drug is of value on account of its diaphoretic properties, and its administration has been a matter of routine at Guy's Hospital since the time of Addison.

Another diaphoretic has hardly fulfilled the expectations that were formed regarding it on its first introduction. I refer to jaborandi, and its alkaloid, pilocarpine. It is depressing in its action on the entire system, and is sure to interfere with the digestive functions. It should, therefore, be held in reserve for

cases of rapidly progressing œdema, and then administered with care. It is best given hypodermatically, beginning with one-sixth of a grain of the nitrate of pilocarpine; next best by the mouth, in the form of the fluid extract. The infusion is very nauseating, and has not been prescribed by me for several years.

Purgatives are of great value in Bright's disease, and should be administered twice a week, even when the bowels are regular. The best cathartics are the salines, and of the salines there is none better than a mixture of magnesium sulphate and potassium bitartrate. A drachm of the former and half a drachm of the latter in lemon syrup and water is not unpalatable, and may be given every hour until several doses have been taken, or one single larger dose of the two may be given early in the morning in a glass of hot water. It is doubtful whether the saline and alkaline-saline waters so much employed in Germany in the treatment of Bright's disease possess any medical influence apart from their laxative properties. Mercurials should not be employed in the treatment of Bright's disease, as they are apt to induce salivation, and are besides contra-indicated by the anæmia which is always present.

Another drug to be avoided, especially in that form of the disease associated with contracted kidney, is opium. Comparatively small doses of opium have caused narcotic poisoning in several instances. Intercurrent attacks of pain may, however, necessitate the use of this drug, but if morphia be used hypodermically, it should always be combined with atropia. In acute Bright's disease this intolerance of opium is said not to exist, but it is hard to draw the line between acute and chronic. For instance, you may be called to attend a patient with an attack of acute Bright's disease, and this very attack may be engrafted upon a chronic process of which of both yourself and the patient may be entirely ignorant.

The dyspnoea, which is often an alarming symptom of Bright's disease, is best combated with nitrite of amyl and nitro-glycerine. The effect of the former is transient, that of the latter much more permanent. Great œdema of lower limbs and scrotum may be relieved by needle punctures, from which there will be a

constant oozing of serum. These punctures may, however, be the starting-point of erysipelas or gangrene in late stages of the disease, and such complications are rapidly fatal.

The treatment of uræmic convulsions or coma, to be successful must be vigorous. In case of violent clonic convulsions, venesection should be promptly resorted to, from ten to twenty ounces being abstracted from a vein. In case of coma a drastic or hydragogue purgative, such as elaterium or croton oil, should be administered, and of the two I prefer the latter. Two drops of croton oil in a little mucilage may rescue the patient from an apparent hopeless condition. The cardiac complications present the same indications as those of primary heart disease.

With the aid of the various measures above enumerated, life may often be prolonged for an indefinite period. Albumin and cast may be present for years in the urine of persons who present an appearance of robust health ; but it is scarcely necessary to say that such people have made a study of living under difficulties, and are aware that the slightest indiscretion may prove fatal.—*Fred. P. Henry, M. D., in Weekly Medical News.*

INFLAMMATION.—In all cases of inflammation, whatever the cause, there is congestion first, then stasis, and finally effusion of inflammatory lymph. Resolution has been effected by febrifuge medicines, such as the acetate of ammonia, the carbonates of ammonia, soda, and potash, etc., acting as “liquefacients” to obviate stasis. Also by cardiac depressants, such as aconite, antimony, and digitalis. But I find that it is most rapidly effected by using a combination of these two classes of remedies, varying according to the site of the inflammatory action, the drugs employed.

Inflammations may be divided into five groups for purposes of treatment :—

I. Joints, skin, and flesh, as in acute rheumatism, eczema, etc., and lumbago.

II. Serous membranes : meningitis, pericarditis, pleuritis, peritonitis, and neuritis.

III. Internal organs : cerebritis, pneumonia, quinsy, hepatitis, endocarditis, and nephritis.

IV. Mucous membranes : croup, bronchitis, gastritis, dysentery, and cystitis.

V. In the vicinity of infected areas : cervical glandular enlargement in diphtheria and scarlet fever ; pleuritis in pleuropneumonia ; parametritis, and perimetritis in puerperal septicæmia, etc.

In Class I the salicylates and carbonates of ammonia, soda, and potash are the best liquefacients, and either aconite or digitalis in five-minim doses every two hours the best depressants. In joint affections, counter-irritants, such as cantharides, and derivatives, like the mercurials, do good in facilitating resolution.

In Class II inflammatory affections occupy a position intermediate between peripheral and central tissues in Classes I and III.

In treatment, therefore, besides liquefacient remedies, " derivative " and counter-irritant ones may advantageously be employed to diminish the inflammatory congestion. Thus, in the meningitis of children, I prescribe the biniodide of mercury in solution of potassic iodide, with or without from one to two grain doses of antipyrin (as an additional liquefacient to the iodid of potassium).

R	Sol. hydrarg. bichlor. (B. P.	-	-	-	-	℥ii-ij.
	Potass. iodid.,	-	-	-	-	gr. viii-xv
	Antipyrin,	-	-	-	-	gr. xv-xxx.
	Syrupi,	-	-	-	-	℥ss.
	Aqua,	-	-	-	-	℥iiss.

One teaspoonful every one and one-half or two hours.

In case of great restlessness or sleeplessness or convulsions, I add grain doses of chloral as a cardiac depressant for twelve doses ; or from one to two minim doses of aconite. In others, a combination of sodii salicylate (two grains) with sp. am. aromat. (two minims) and the biniodide answers equally well. As soon as the temperature is reduced, the biniodid mixture alone serves to complete the cure, constituting in itself a most valuable liquefacient and derivative medicine. The counter irritant invariably employ is cantharides, fluid or plaster. My favorite mixture in these cases is the biniodide in iodid, with grain doses of

chloral. Pleurisy, on the same general principles, I treat with liquefacient, derivative, counter-irritant, and sedative medicines, the last named, whether chloral or morphia, acting as a cardiac depressant.

In Class III the remedies indicated are liquefacient and depressant for the obviation of stasis. Taking pneumonia as a type, we have arterial blood in the portion of capillary tissue involved by the stasis, in the first stages of inflammatory action, exposed to the full force of the excited circulatory energies, whilst at the same time, in virtue of the larger quantity of oxygen it contains, it has a greater tendency to coagulate than venous blood. The more fluid parts of the consequent forming clot, therefore, are in process of being driven through the capillary walls into the air-cells before actual coagulation occurs in the second stage. This view explains the necessity for the administration of a combination of liquefacient and depressant remedies. In a case of croupous pneumonia I prescribe the salicylate of soda, with carbonate of ammonia as the liquefacient, and digitalis in from five to ten minim doses as the cardiac depressant, and I frequently secure resolution in twelve or fourteen hours, more particularly in children (of course, in less doses). When resolution is delayed beyond thirty-six hours, I fall back upon the acetate of ammonia and digitalis in doses suited to the pulse-rate. I do this for two reasons—firstly, because when resolution cannot be effected in the first stage it is dangerous to poison the normal or circulating blood with remedies such as the salicylates and antipyrin, toxic effects of which are due to their intense power in preventing oxidation or destroying the fibrin-forming power of the vital fluid by reducing the oxyhæmoglobin; and secondly, because the acetate of ammonia is compatible with iron perchloride, and in all respiratory disorders there very often ensues a pathological condition needing the administration of full doses of that hæmatinic. I refer to the pneumoparesis of Dr. Richardson, which appears to be due to asthenia and deficient aëration from abundant secretion, and most frequently supervenes in cases of broncho-pneumonia.

In Class IV ipecacuan, has stood the test of time. Its value I believe to be due simply, or mainly to its cardiac depressant

power. The liquefacient I employ is the acetate of ammonia. My prescription is:—

R	Liquor ipecac. (strenght 3j pulv. in Oj),	-	-	-	3iss
	Liq. ammonii acet.	-	-	-	3iss-ij
	Glycerine,	-	-	-	ad 3ij.

Ft. mist.

One teaspoonful every hour.

When the bowels are confined, or only slightly open, I secure a derivative action from the bronchial to the intestinal mucous membrane by from one to two grains of calomel in sugar; and frequently I employ counter-irritation in the shape of a blister to the front of the chest. By this liquefacient, depressant, derivative, and counter-irritant treatment, croup and bronchitis may be frequently cut short. If there be urgent cough, I give grain doses of chloral and minim doses of belladonna. If there be a tendency to collapse and cyanosis, I give iron with the liquor ammonii acetatis, and if the secretion be very abundant, iron alone, every half hour or hour, to combat the collapse by increasing blood-fibrin and diminishing the effusion into the air-cells.

In Class V liquefacients should be avoided, because they favor further entrance to the circulation of noxious germs. The remedies are germicidal and hæmatinic. I use the biniodide locally and internally, and iron perchloride. For local application the biniodide may be precipitated from the bichloride solution with iodide of potassium. Thus, sol. hyd. bichlor. (one to five hundred) one and one-half ounces; potass iodid., two and one-half grains; mix, and add glycerine to make two ounces. Apply in cases of scarlet fever and diphtheria to the affected parts of the mouth and throat. Internally the biniodide may be given in the form of powder of the strength of from one sixty-fourth to one-sixteenth of a grain in children's cases, with white sugar, three times a day. By this means scarlet fever may be aborted in five or six days, the rash being observed to disappear from the first day, until, on the fifth, it has entirely done so, and desquamation being hardly noticeable. Dropsy never follows, nor suppurating glands, provided the local application is thoroughly attended to three times a day by a competent person.—*C. R. Illingworth, M. D., M. R. C. S., in The Satellite.*

OPERATION FOR DEPRESSED NIPPLE.—Dr. W. L. Axford, of Chicago, says in the *Annals of Surgery*, April 1889, that Mrs. H., a young German woman about three months advanced in her third pregnancy, was referred to him by Dr. F. B. Norcom, who wished to see if anything could be done for her badly retracted nipples. In her two preceding lactations she had not been able to nurse her children, though all known mechanical devices had been resorted to. The only relief for the woman was to suppress the milk as soon as possible. She was very anxious to nurse the expected child. Dr. Norcom said that some ten years ago he had succeeded in improving a depressed nipple by excising an elliptical piece of skin and drawing the edges of the wound together, and that, although the present case was much more unfavorable, he believed an operation feasible. The idea was entirely new to Dr. Axford.

On examination it was found that where there should have been a projecting nipple there was actually a depression into which the end of the little finger could be inserted. The breasts were perfectly healthy and otherwise well formed. The woman was a brunette, and the depressed nipple in its dark areola presented much the appearance of the invaginated finger of a dark brown kid glove. The right breast was deeper than the other.

Seizing the ends of the ducts with toothed forceps, the nipple could be easily drawn out to any reasonable extent. There were no adhesions or bands holding it down. An operation was proposed and accepted, and with the assistance of Drs. Norcom and Parsons, was done as follows: The right nipple was seized with the volsellum and drawn out till the skin was well on the stretch; beginning about one-third of an inch from the apex two curved incisions enclosing a crescent-shaped piece of skin were extended out in the breast for two and a half inches, and the skin and fat down to the fascia removed.

This area of denudation, Dr. Axford says, should have its greatest breadth at the base of the newly formed nipple. Three such excisions, radiating from the nipple were made. A catgut suture was now passed in and out, purse-string fashion, through the fascia, encircling the base of the nipple, and snugly tied at

the point of entrance. This served to pucker up the fascia so that when the volsellum was removed the nipple showed no tendency to return to its inverted condition. This suture, he says, becomes completely buried when the denuded areas are closed. These areas were then closed with the continuous silk suture.

The result in the right and more depressed nipple was so satisfactory that it was decided to attempt an operation on the other. A similar operation was done, the lunes a little broader and the buried sutures a little deeper, with a much more satisfactory result. An antiseptic dressing was applied and the patient put to bed. The sutures were removed at the end of the seventh day, and the immediate result found to be excellent.

The anatomical construction of the breast, he states, furnishes the key to the operation. The fascia everywhere covering the surface of the gland protects the lactiferous ducts from injury, and when puckered up around the base of the well-drawn-out nipple forms a support for the soft yielding tissues of which it is composed, holding it out in its proper place. In both cases after tying the buried suture the nipple stood out without the aid of the forceps. The closure of the lune-shaped areas in turn, furnishes an additional support to that given by the puckered fascia, and adds to the projection of the nipple.

In conclusion he calls attention to the fact that the field for this operation is limited, and states that it should be done only after the failure of mechanical devices fairly tried.

BLINDNESS FROM OPHTHALMIA NEONATORUM.—Dr. Lucien Howe, in the *New York Medical Journal* of May 4, 1889, calls attention to the prevalence of blindness from ophthalmia neonatorum—10.87 per cent. of all blind having lost their sight from this disease—and refers to the simplicity of "Crede's Method" of preventing it; *i. e.*, to bathe the eyes of all infants immediately after birth, and apply a two per cent. solution of silver nitrate. He gives comparative tables of 8,793 births where no precautions were taken to prevent the disease, with a percentage

of 8.66 ; and of 8,520 where "Crede's Method" was employed, with a percentage of only 0.656 of ophthalmia neonatorum.

Attention is called to the fact that Austria, Hungary, Switzerland, Prussia and France have all taken steps to have preventive measures employed, and the importance of taking similar action in this country is urged. He estimates the cost to the State of New York alone from victims of this disease at \$300,000. He criticises the general practitioner for leaving the employment of these measures to the obstetrician in large institutions, where alone they suppose the disease to be met with ; and suggests that it may occur in their own practices more frequently than they are aware ; that their practices being scattered over a large area, such cases may be seen at rare intervals, and that while in part they may seem small, in the aggregate they are large ; further, that the physician being separated from the mother and child by long distances, his visits may have ceased, and, the disease developing, the nurse thinks herself capable of treating the affection, and the physician is not called in. All of this could be prevented by adopting "Crede's Method."

Calling attention to the important part played by the nurse in such cases, he suggests that it is advisable "to submit the following as the course which we would pursue in combating the disease and attempting to lessen its effects :

"First. To call the attention of the profession in general to the apparent increase of blindness in this (N. Y.) State, and in the United States, to the importance of the ophthalmic neonatorum of infants, and to the efficacy of proper means of preventing it."

"Second. To request the examiners of nurses and midwives to require of the candidates some knowledge of the danger to the eyes of infants and an acquaintance with the methods now in use for obviating it."

"Third. To instruct our Committee on Legislation to formulate and recommend the passage of a law by which midwives in this State shall be obliged to report the existence of any case of ophthalmia in infants within twenty-four hours after its

occurrence to the family physician, to the district physician, or to some legally qualified practitioner."—*Memphis Journal of Medical Sciences.*

THE OPHTHALMOSCOPE.—The ophthalmoscope, at one time considered as nothing but an interesting scientific toy, has become an indispensable instrument in physical diagnosis. Its history is a succession of triumphs. The wonderful progress made within the last thirty years in ophthalmology is altogether due to this instrument. By its means the neurologist has been able to penetrate the mystery which enshrouded many cases of brain and spinal disease, and our knowledge of kidney diseases, secured from the ophthalmoscope a valuable contribution when it revealed the existence and nature of the various forms of ocular disturbances concomitant with and due to nephritic disorders. In view of these facts should not the use of so important an instrument be thoroughly taught in our medical colleges? Should not every physician be equipped not with the instrument alone, but with the knowledge and experience necessary for its practical use? Yet how far we are from this state of things. How few of our graduates know how to "throw light into the eye," and of these how small the number who know what they see in the field thus illuminated. If these men only knew enough to know what they don't know, the case would not be so bad, but ignorance is proverbially arrogant, and hence the mistakes of the ignorant are prone to escape correction. It is really humiliating to witness a graduated physician attempting to examine an eye while the light reflected from the mirror is seen illuminating the wall beyond the patient's head, and how often serious blunders in diagnosis occur is best known to those who have had an opportunity to watch graduates at work with this instrument.

A more thorough instruction in the use of the ophthalmoscope is imperative, and our medical colleges should see to it that the student be thoroughly trained in its use. Of course it cannot be expected that the general practitioner shall be an expert, that should be left to the oculist, but every medical man should at least be able to recognize the difference between a transparent

and an opaque lens, a normal papilla and a choked disc, and a healthy retina and one affected with retinitis. Then will men be able to recognize also their limitations, and serious blunders will not be so common. Until this condition of things is brought about we cannot lay claim to that high standard of medical education which should characterize the curriculum of the American medical colleges.—*Journal of the American Medical Association.*

A NEW METHOD FOR THE ARREST OF CANCER.—Dr. J. Inglis Parsons contributes an article to the *British Medical Journal* of April 27th, entitled, "Arrest of Growth in Four Cases of Cancer, by a Powerful Interrupted Galvanic Current." Dr. Parsons writes in a candid and scientific spirit, and his observations are likely to arouse attention.

Dr. Parsons reports his cases, in which practically, some interesting results were obtained. Three of the patients suffered from cancer of the breast, one from cancer of the cervix uteri. One of these is reported eight months, one six months, and two three months after the treatment. In all, quiescence of the previously active cancerous growth was secured. The technique of the operation is as follows: The patient is anæsthetized; the current is then passed through the tumor and all the tissues for some inches round it, by means of fine, insulated needles, so as not to injure the skin. A battery of 70 cells, with an electromotive force of 104 volts, is used; the intensity of the current, to commence with, is 10 milliamperes, gradually increased to 600 milliamperes, and flashed through the growth in every direction from 50 to 100 times, according to circumstances. The pulse and respiration were carefully watched. One out of the four cases treated—a woman aged 63, with extensive carcinoma of the left breast, a pre-systolic *bruit*, and weak, intermittent pulse, was unable to stand more than 250 milliamperes; and for this reason, when the current is applied to the left breast, electrical stimulation of the heart occurs, and if this organ is healthy, an increase in the strength of its contraction appears to take place after its passage; but with this patient, who had cardiac disease, the im-

provement only continued up to a certain point, and then the intermittency increased and great irregularity occurred. *N. Y. Medical Record.*

CASE OF POISONING BY ANTIFEBRIN.—Dr. E. Fürth communicates an account of a case of poisoning with antifebrin to the *Wiener med. Presse*, April 21, 1889. A girl suffering with violent hemicrania took sixty grains of antifebrin. Shortly after taking it nausea, eructations and a tendency to vomit occurred. Milk was given her as an antidote by the by-standers, but was immediately vomited. When Dr. Fürth saw the patient, about two hours after the poisoning, he found her deeply unconscious, emitting repeatedly cries of pain and complaining loudly of pains in the epigastrium. The face, with the exception of the lips, which were somewhat cyanotic, was deadly pale. The skin felt icy cold; the pulse was 140, weak, scarcely to be felt; respiration was superficial and somewhat quickened. Stimulants were vomited, as the milk had been. Altogether the patient vomited fifteen times, a greenish-watery fluid. One hour later cyanosis spread to the face, so that four hours after the antifebrin was taken the face was reddish blue. The hands also and the feet were deeply cyanosed, especially the fingers; the rest of the body remained pale. In addition there were symptoms of brain irritation: dilated pupils, spasms of the face, gnashing of the teeth, immobility of the upper and lower extremities, lively delirium, which lasted only a short time but was repeated many times. The patient then sank into deep coma, from which she only gradually aroused after the lapse of three hours.

Eight hours after the poisoning, the patient had become again entirely conscious and complained simply of pain in the stomach and of a feeling of dizziness. The pulse was 84, moderately strong; respiration quiet; temperature somewhat below normal. The cyanosis disappeared first after the lapse of twenty-four hours, fading first from the extremities and last from the lips. The patient was able to leave bed in two days.—*Philadelphia Med. and Surg. Reporter.*

THE TREATMENT OF CARBUNCLES.—The method of crucial incisions has long been a favorite method of treating carbuncles, and certainly, when thoroughly done, greatly abbreviates the duration of the malady. Some time ago I remember to have read in some medical journal, a recommendation not to poultice a carbuncle when opened, but to apply a large sponge wet in some disinfectant solution, carbolic acid or corrosive sublimate. This is a very sensible procedure, as I can testify from experience. The sponge should be large enough to completely cover the carbuncle and may be cut into shape so as to fit over it like a cup. Before being applied, it is dipped into a sublimate solution, 1 part to 2000, or a two per cent. carbolic solution; a little iodoform may then be dusted into the cavity of the carbuncle, down to the bottom of the incision, and the sponge is then adjusted and confined by a few turns of a roller bandage. There is no need of poulticing, for pain and tension are removed by the incisions; the microbes are more effectually stopped in their destructive depredations by the antiseptic liquid which is thus enabled to penetrate every part, than they can be by any other method; the dead shreds of tissue will rapidly separate under the disinfectant dressing, and all the discharges will soak into the sponge and be kept from putrefaction. Night and morning the dressings are renewed; the sponge, full of purulent matter and debris, is thrown into a bucket of boiling water, and cleansed and again soaked in the sublimate solution for a fresh application. Simultaneous with the separation of sloughs, granulations make their appearance, and *restitutio ad integrum* rapidly takes place.—*E. P. Hurd, M. D., in Medical Age, May 25, 1889.*

THE INFLUENCE OF WARM BATHS ON THE ELIMINATION OF MERCURY.—In the Section for Dermatology and Syphilis of the Third Congress of Russian Physicians, January, 1889, Dr. Borovski gives the following results of his observations on the influence of baths in the elimination of mercury from the system:

1. Warm baths (28°-30° R.), sulphur baths, and dry hot-air baths (50°-80° R.) increase the elimination of mercury, and the body can therefore be entirely freed from the drug.

2. In case the elimination of mercury has entirely ceased, it can, by means of bath, be caused to reappear.

3. Stomatitis mercurialis disappears much sooner under the influence of warm baths.

4. Variations in the temperature of the baths cause corresponding variations in the elimination of the drug.

5. The treatment of syphilis by the combination of mercury and warm baths gives much better results than the use of mercury alone.

6. The beneficial influence of warm baths is to be attributed to their heat, the ingredients of the water (sulphur, etc.) being of minor importance.—*Monatshefte für praktische Dermatologie*, Band viii., No. 8.

TREATMENT OF BUBO BY ASPIRATION AND PRESSURE.—Being recently struck by the number of cases of suppurating bubo constantly under treatment in military hospitals, and the length of time which generally elapses before such cases, treated by the ordinary method of incision, are fit to return to duty, I have been led to adopt the following treatment, and after a now somewhat extended trial, can confidently recommend its use. It possesses the following advantages: 1. As an operation it is not nearly so formidable to the patient, and, with the aid of cocaine, may be rendered painless. 2. There is no risk of septicæmia. 3. The time under treatment is greatly lessened, being reduced on an average, to about one-third. 4. No after-cicatrix remains in the groin, which in many cases is a matter of no small moment.

Its mode of application is simple. As soon as fluctuation is detected, the pus is evacuated by a small needle, a pad of boracic lint adapted to the part, and the whole kept in position by a firmly-applied figure-of-eight bandage. The operation rarely requires to be repeated, and, after the removal of the pad in two or three days, all inflammation and swelling will generally be found to have disappeared.—*F. G. A. Curran, M. D., in British Medical Journal*, May 11, 1889.

A NEW METHOD OF ADMINISTERING COD LIVER OIL.—The method of Lafaki of administering this disagreeable drug is mentioned in the *Lyon Medical*. If equal parts of the oil and lime water be mixed, a milky liquid is obtained, inodorous and of a syrupy consistence, which may be flavored as desired, for instance with essence of citron or vanilla.

The oil saponified in that way is said to be very agreeable to the taste, does not adhere to the walls of the buccal cavity, nor leave that nauseating after-taste which often prevents patients from retaining it even after it has been swallowed.

And in other ways the saponified oil presents advantages rendering it far preferable to the much vaunted emulsions of to-day. The saponification, instead of becoming altered with time, preserves, on the contrary, its homogeneity and lactescence; it is easily assimilable by weak stomachs; it may be administered even during a diarrhea; and it is a preparation easily and quickly made and at a price placing it within the reach of all—a consideration of no small importance when it is remembered that this treatment is generally one of long continuance.—*Weekly Medical Review*.

THE PREVENTION OF SUMMER DIARRHŒA IN INFANTS.—Dr. L. E. Holt (*Medical News*), emphasizes the following points:

1. Children should not be over-fed at any time, but especially not in summer.

2. At this season, also, every dyspeptic catarrh should be attended to; many of these are promptly curable by merely clearing out the intestine and then cutting down the quantity of food.

3. Should an intestinal catarrh, even a very mild one, continue for two or three weeks, one may be pretty certain that he has something more than a functional disorder to deal with.

4. Every milk catarrh should be looked upon as the possible precursor of a severe type of intestinal disease, either near or remote.

5. In the treatment of all diarrhoeal diseases, it should be borne in mind that there is something more to be considered than the bacteria and the products of decomposition, viz., the anatomical changes.—*Practice*.

DRAINAGE TUBES.—At the recent meeting of the American Surgical Association, Dr. Stephen H. Weeks described a new form of absorbable drainage tube prepared from the arteries of animals. The arteries used are those of the ox. They are separated from their sheaths and cut into tubes four or five inches long. They are then boiled in water for about five minutes. This sterilizes them and hardens their coats. Holes are next cut in their sides, and they are passed over glass rods of different sizes according to the size of tube desired. They are now placed in corrosive sublimate solution, one to one hundred, and allowed to remain ten minutes. Then they are placed in alcohol, ninety-five per cent., and at the end of twenty-four or forty-eight hours the glass rods are removed, the tubes being kept in alcohol until needed. These tubes are unirritating to the tissues; they are absorbed in from seven days and drain the wound perfectly.—*International Journal of Surgery*.

THREATENED ABORTION.—M. D. Makuna, M. R. C. S., Eng., Lic. Med. University, Bombay, 1876. Trebeebut, Rhondda Valley, South Wales, says: I have much pleasure in expressing my satisfaction with the results I have obtained by the use of Aletris Cordial. One of my patients who had miscarried three times previously took Aletris Cordial during the last three months of pregnancy, and was delivered of a fine, healthy boy. I ordered it at her own solicitation, as she expressed so much ease and comfort after the use of the first bottle. I am now giving it to two more patients who have miscarried several times before, and I am in hopes of good results. I consider it a valuable addition to the Pharmacopœia, on account of its anti-spasmodic and nerve-tonic properties, and I should not like to go without it.

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Dr. E. OSBORNE, Mason City, Ia., says: "I consider it a valuable addition to the remedies in use for the relief of gastric disorders dependent on enervation."

Dr. ALBERT DAY, Superintendent of the Washingtonian Home, Boston says: "For several years, I have used it in cases of alcoholism and acute gastric irritation. It is of special value."

Dr. T. G. COMSTOCK, of the Good Samaritan Hospital, St. Louis, says: "For some years we have used it in a variety of derangements characterized by debility, as also in chronic gastric ailments. It is approved of, unanimously, by the medical staff of this Hospital."

Dr. G. W. WHITNEY, Marshall, Minn., says: "I have used it in debility of the nervous system, and deranged condition of all the secretory organs. I esteem it highly."

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CHICAGO.

LONDON.

THE TANNIN TREATMENT OF PHTHISIS.—Has been given a thorough trial by Dr. E. Houze, at the Hospital St. Jean, Brussels, (*London Lancet*), and it gave excellent results in all stages of the disease, especially in cases where cavities existed. He declares that of all the different kinds of treatment for phthisis which he has tried, this has given the most encouraging results. The dose he employs ordinarily is fifteen grains, which is taken three times a day. As a rule, it is well borne; when not, it is ordered to be taken with meals. After the first few days, the expectoration and the sweats diminished, the cough decreased, and usually the appetite improved. The majority of the patients had some constipation, while others had diarrhœa, but, after these effects of the tannin were regulated, the general symptoms improved, the sputa becoming white and frothy, instead of green and firm, and the hectic present in many of the cases vanished. —*Popular Science News*.

PRECOCIOUS MENSTRUATION: AMENORRHŒA WITH CONVULSIONS.—A case of remarkably precocious menstruation is reported by Dr. Diamant, of Vienna. When 12-month old, the child had cut all her milk teeth. When barely 2 years of age, the first period was observed. It lasted four days, and recurred with regularity till the child was 6 years old. At that age her breasts, loins, and pelvis were of the adult type; the axillæ and pubes were thickly covered with hair. Suddenly the period ceased, and for six months after the child had completed her sixth year epileptiform convulsions came on during sleep, at every date when the catamenia should have appeared. The fits some times lasted three-quarters of an hour, and increased in number every month. They were continuing when the case was reported, the child being then 6½ years old.—*British Medical Journal*, May 4, 1889.

SULFONAL ERUPTION.—Dr. Englemann has observed an eruption following the use of thirty grains of sulfonal in a patient suffering from insomnia. The sleeplessness was due to recurrent attacks of dysmenorrhœa. The woman took the sulfonal at 7 in the evening, without hypnotic effect whatever.

The following morning a bright scarlet exanthem appeared on the chest. There was moderate itching, but no other symptom of the disease. The rash spread over the arms and abdomen, and then after two days disappeared, the itching meanwhile having become more troublesome. The writer attributes the appearance of the drug-eruption to vaso-motor disturbance.—*Münchener Medicinische Wochenschrift.*

INCOMPATIBLE.—The *Moniteur Therapeutique* publishes a note on the incompatibility of the chlorate of potash and the iodide of iron. This incompatibility was revealed by the death of a child which fell a victim to it. The author remarks that these two substances, in reacting between them, yield the sesquioxide of iron; the chloride of potash and iodine is entirely set free.—*The American Practitioner and News.*

Reviews and Book Notices

THE PHYSIOLOGY OF THE DOMESTIC ANIMALS. A text book for Veterinary and Medical students and practitioners, by ROBT. MEADE SMITH, A. M., M. D., Professor of Comparative Physiology in the University of Pennsylvania, Fellow of the College of Physicians, and Academy of the Natural Sciences, Philadelphia; of the American Physiological Society; of the American Society of Naturalists; Associé Etranger de la Société Française D'Hygiène, etc. 8 vo. cloth, pp 938, with 400 illustrations. F. A. Davis publisher, 1231 Filbert st., Philadelphia, 1889. Price \$6.00.

"This very complete and excellent work on the physiology of the domestic animals is the only one of the kind in the English language. "Commenced originally," we are informed by the author in his preface, "as outline notes for his own use in lecturing in the Veterinary Department of the University of Pennsylvania, this work has been published at the request of his students, in the hope that it may supply them with an exponent of the laws of modern physiology applied, as far as possible, to the functions of domestic animals, and that a recognition of its short comings may stimulate investigation of this much neglected branch of physiology."

"It is surprising, in view of the ceaseless activity of physiological students throughout all the world, that more attention has not been devoted to the application of improved methods of research to the study of the functions of animals so important in the domestic economy. Unfortunately, investigators in this domain may almost be counted on the fingers, and the field which is yet untouched is almost unbounded. The author, therefore, has been compelled to assume that in many cases the laws of the physiology of man, which, to be sure, have been deduced from experiments on animals, are applicable to the vital processes of the domestic animals.

Modern physiology rests on the application through experimental research of the laws of physics and chemistry. The fundamental principles of these sciences in their relation to biology have been, therefore, discussed somewhat at length. Experience has taught that a comprehension of the laws of life in the higher mammals is best attained after a familiarization with the vital operation of lower forms. The first part of this book, therefore, deals with the general laws of life, while in the second part these principles are applied to the study of the vital operations in the domestic animals, the study of each function being introduced by a sketch of the mode of development of the mechanism by which that function, in passing from lower to higher forms, is accomplished."

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA, by ROBERT FARQUHARSON, M. P., M. D., Edinburgh; F. R. C. P., London; L. L. D., Aberdeen; late Lecturer on Materia Medica at St. Mary's Hospital Medical School, etc. Fourth American from the fourth English edition. Enlarged so as to include all preparations official in the U. S. Pharmacopœia, by FRANK WOODBURY, A. M., M. D., Fellow of the College of Physicians of Philadelphia; Professor of Materia Medica, Therapeutics and Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc. Eight vo., cloth, pp. 598. Lea Bros. & Co., Publishers, Philadelphia, 1889. Price \$2.50.

We have in preceding issues of this journal had occasion to call attention to the previous editions of this excellent work,

which in its present form, retains all the special features of its former editions.

We make the following extract from the American editor's preface to the present edition :

" Although the fourth English edition of this work was practically rewritten and very considerably enlarged, so rapid has been the advance in therapeutics and so great the additions to our materia medica that the American editor has found it necessary to make very many additions so as to make the body of the work include all the remedies and preparations of the last revision of the United States Pharmacopœia ; a number of non-official but important new drugs are considered, thus making the work as complete in the department of materia medica as it is in therapeutics—a miniature dispensatory in fact. In view of the recent publication of the Formulary of the American Pharmaceutical Association, containing many valuable formulæ that physicians should be familiar with, it has been deemed advisable also to add this, although it has increased the size of the book by nearly sixty pages."

ATLAS OF VENEREAL AND SKIN DISEASES, with original text, by PRINCE A. MORROW, A. M., M. D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of New York ; Surgeon to Charity Hospital, etc. Parts 13, 14 and 15. Wm. Wood & Co., New York, Publishers, 1889.

Parts 13, 14 and 15, of Morrow's valuable and handsome atlas of Venereal and Skin Diseases are fully up with the excellence of their predecessors. The following subjects are beautifully delineated in the plates and carefully and correctly considered in the text :

Fasciculus XIII., Elephantiasis of the Leg and of the Scrotum ; Leucoderma, Alopecia Areata ; Keloid, Fibroma ; Xanthelasma, Rhinoscleroma ; and Xeroderma Pigmentosum.

Fasciculus XIV., Lupus Erythematosus, Vulgaris and Papillaris ; Tuberculosis Papillomatosa Cutis ; Sarcoma of the Trunk and of the Face ; Epithelioma, Rodent Ulcer ; and Leprosy.

Fasciculus XV., Scabies; Pediculosis Corporis; Chromophytosis; Trycophytosis and Favus; Eczema Marginatum and Favus.

The great usefulness of pictorial representation, especially when combined with life-like flesh tints and colors, as in these beautiful plates, is generally recognized. In the text, the essential facts relating to symptoms, etiology, pathology, diagnosis, and treatment of the various diseases have been kept in view. Especial prominence has been given to practical details relating to diagnosis and treatment, and no pains have been spared to bring the therapeutic part of the work up to the latest advances made in this department. A full and comprehensive index in Fasciculus XV. completes this handsome work.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Volume 2, No. 3.
General Orthopedics, including Surgical Operations, by DR.
AUGUST SCHREIBER. Volume 2, No. 3. (June 1889.)

The important work just completed by Dr. August Schreiber, which has for the first time appeared in English in the June number of Wood's Medical and Surgical Monographs, comprises a full and most excellent statement of the present knowledge of Orthopedics. Its complete reproduction required a double number of this popular and well known series. The number also includes the index of Volume II, of the "Monographs," which is complete with this issue. For \$1.00 the number will be sent by mail, or for \$10.00 the entire twelve numbers for 1889.

BRIGHT'S DISEASE. A series of Post-Graduate Lectures. By ROBERT SAUNDBY, M. D., Edinburgh, Fellow of the Royal College of Physicians, London; Emeritus Senior President of the Royal Medical Society; Fellow of the Royal Medico-Chirurgical Society, etc., etc. In one large octavo volume, nearly 300 pages, cloth, illustrated. Price \$2.75. Uniform in style with Medical Classics. E. B. Treat, Publisher, 5 Cooper Union, New York, 1888.

This series of Post-Graduate Lectures on "*Bright's Disease*" by a thoroughly competent hand will be welcomed by the medical profession. The author of this volume by talent, position,

study, long experience and special attention to Renal diseases is amply qualified to present such a volume. The whole subject has been thoroughly investigated, the present state of contemporary knowledge on this disease is clearly stated, and additions and suggestions which have resulted from thirteen years clinical and pathological study of *Bright's Disease* under the most favorable environments have been made. Fifty illustrations of microscopical preparations of Urinary and Renal diseases are given and inserted in their appropriate places throughout the work. A complete alphabetical index closes this valuable addition to the Medical Classic Series.

ELEMENTS OF HISTOLOGY, by E. KLEIN, M. D., F. R. S., Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Twelve mo., illustrated with 194 engravings, pp. 368; new and enlarged edition, cloth, price \$1.75. Lea Bros. & Co., Publishers, Philadelphia, Pa., 1889.

In this excellent volume of Lea Bro's Manual for Students of Medicine, we have the latest developments and accepted facts of Histology carefully and comprehensively stated in a very interesting and readable manner. Beginning with the development of cells, all the tissues and structures of the human body are very faithfully portrayed and thoroughly considered, and in such manner and method as will prove most acceptable to the students of medicine.

IMMUNITY THROUGH LEUCOMAINES, by EUSEBIO GUELL BACIGALUPI. Translated from the second French by R. F. RAFAEL, M. D. J. H. Vail & Co., Publishers, 21 Astor Place, New York, 1889.

A very ingenuous theory which the author claims to have demonstrated by experiment. His theory seems quite rational and is unquestionably simple, and can but prove of interest to the investigating reader. The microbial theory and preventive inoculation have given rise to many hypotheses in the recent past, which are to a great extent made clear by the author of this little monograph.

Editorial.

OBITUARY.

Dr. Samuel Preston Moore, Surgeon-General of the late Confederate States of America, died somewhat suddenly at his home in Richmond, Va., at 1:15 A.M., May 31st, 1889, at the age of 74 years. He was a remarkably well-preserved man, but for some months past he had noticed and remarked to his friends that his strength was failing as a result of advancing age, although such was scarcely noticeable by those who were in the habit of daily meeting him. He was a great sufferer from frequent attacks of trifacial neuralgia, from which he could obtain relief only by the use of chloroform—a vial of which he often carried in his pocket. But on May 30th—the day before his death—he was more than usually sprightly, and visited the office of the Superintendent of Public Schools of Richmond (fully a mile from his home), and manifested great interest in the forthcoming High School Commencement, in arranging for which he had devoted much time and effort. He returned home and partook of dinner with his usual relish about 5 P.M., and about 11 P.M., retired to bed in apparently as good health as usual. About midnight he awoke with a violent fit of coughing upon him; and his wife becoming alarmed by the failure of domestic remedies to afford relief, called in Drs. H. W. Davis and R. A. Lewis, near neighbors and friends. On their arrival, they found him still conscious but frothy blood running from his mouth with each act of coughing, and other signs of active congestion of the lungs were evident. But he became rapidly worse, and died at 1:15 A.M.,—being conscious up to a few minutes of his death.

Dr. Moore was born in Charleston, S. C., in 1815. After graduating in medicine in 1835, he entered the U. S. Army as Assistant Surgeon. In two or three years afterwards, he rose to the rank of Surgeon, and served as such at the West Point Military Academy, and then in the war with Mexico. After that war, he served as Surgeon in the frontier Indian wars, when such a life was surrounded

by hardships and perils. In the Mexican War, his conduct was distinguished not only by gallantry on the field, but by great skill in the management of the important trusts committed to his charge. It was during this war that President Jefferson Davis became well acquainted with him as a friend and officer, and impressed by his ability as an organizer and disciplinarian. He remained a Surgeon in the U. S. Army until February, 1861, when, in obedience to the call of his native State, he resigned his commission and entered the military service of South Carolina as Surgeon.

In the organization of the Military Staff of the Confederate States, President Davis appointed Dr. Moore (in June, 1861), as Surgeon-General, in which capacity he served the Confederacy during the remainder of the war. The late Dr. Charles H. Smith, of Richmond, was Assistant Surgeon-General.

The position assigned Dr. Moore as Surgeon-General was one of great responsibility, but he proved himself to be the suitable man. With inadequate resources for the prosecution of a great war, particularly deficient in hospital stores and trained military surgeons and nurses, the infant Confederacy found in him the ability of a great organizer. He was a strict disciplinarian, and enforced, as far as possible, the rigid rules of the old service. Such regulations as were necessary to perfect the speedy organization of an active medical corps out of the material of civil physicians and surgeons, who had not known the meaning of a military superior, seemed nothing short of intolerable tyranny to many. But the Doctor knew better than the complainants what were the requisites of a properly organized medical corps about to enter upon a prolonged and memorable war; and hence, while lenient as to the court-martialing of officers fresh from civil life who murmured, he was yet inexorable in the maintenance of discipline. He was intent only in serving his country; and many competent to speak of such matters have declared that the Medical Department was the best managed Department in the Confederacy. On no occasion, perhaps, was his ability to organize in an emergency better displayed than just after the battle of Seven Pines, when the sick and wounded poured into Richmond by the thousands. It was a fearful task to bring order out of chaos. And yet he was equal to the emergency—as much so as it was possible for any man to be.

After the war, Dr. Moore determined on making his home in Richmond. With ample means left him, he did not enter into active practice, although it was impossible for him to rid himself altogether

of professional duties—such were the number and urgency of calls upon him for professional services. Practically, however, by 1875 he retired from practice, and devoted his attention to the development of home industries.

In 1874 he became a member of the Executive Board of the Virginia Agricultural Society, and remained in 1881—all that time rendering valuable services to make the Annual Fairs the successes they then were.

On the organization of the Association of Medical Officers of the Confederate States in 1874, he was elected President; and was succeeded the next year by Dr. Hunter McGuire.

In 1877, Dr. Moore was elected a member of the Richmond City School Board, and was continued a member until his death. As Chairman of the Committee on Teachers and Schools, he was daily in the office of the Superintendent, and talked over matters pertaining to the public school system, in which he took great pride. He was especially active in the introduction of all measures that tended to improve the health of teachers and pupils. He was an earnest advocate of the teaching and practice of vocal music in the schools as a means of developing the lungs of the children. He was the author of a system of testing eyesight, with the purpose of having teachers so locate pupils in school rooms as to be able to give weak-eyed children the best advantages to be derived from the light and from the arrangement or position of blackboards, etc. This service to the public schools of Richmond was a labor of love.

Dr. Moore married a Miss Brown—a daughter of an officer of the U. S. Army. Of their three children, Mrs. Howard R. Bayne, of New York, is the only survivor.

The deceased was a communicant of Grace Episcopal Church, of Richmond, at which the funeral services were conducted Sunday, June 2. The interment was in the family section in Hollywood Cemetery.

Dr. Moore was but little above medium height, but his figure was good. In all his movements, there were the evidences of his military training. His face was finely modelled, and his head was richly covered with white curly hair. He usually shaved his chin, and allowed the beard on the sides of his face to grow long. Altogether, his appearance was that of an elderly man with whom time had dealt gently, and whose interest in life was undiminished. His presence was impressive—commanding respect. In conversation

he was bright—rather tending to the facetious; and his observations about people and things were somewhat racy without unkindness. His life was brimful of adventure. The records of his career unfold like a volume of romance—so far as his early experiences are concerned; and yet he would rarely ever talk—even to his most intimate friends—of any of the great historic occurrences in which he was himself at all conspicuous. It was an often-expressed wish that friends disposed to do so should be requested not to send flowers or other decorations for his coffin at his funeral.

The surviving surgeons, etc., of the Confederate Army and Navy resident in the city, held a meeting June 1, and adopted resolutions and appointed pall-bearers.—*Virginia Medical Monthly*.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The next meeting of this Association will be held at Evansville, Ind., September 24, 25 and 26 1889. The officers for this year are: President, Dr. Geo. J. Cook, Indianapolis; Vice-Presidents, Dr. J. D. Griffiths, Kansas City, and Dr. J. A. Larabee, Louisville; Secretary, Dr. R. L. Thomson, St. Louis; Treasurer, Dr. C. W. Chapman, Toledo, O.; Chairman Committee of Arrangements, Dr. A. M. Owen, Evansville, Ind.

This Association is rapidly attaining the object of its formation—a thorough organization of the members of the regular profession of the entire Mississippi Valley, thus to foster, advance and disseminate medical knowledge to uphold the honor, and to maintain the dignity of the medical profession.

The importance of this Association in thus bringing together the physicians and surgeons within this territory, must be apparent to every one, as there are many interests in common, and individual welfare is best promoted by the advancement of the interests of all. Every member of the regular profession in good standing can become a member of this Association, and all are earnestly invited to attend the meeting in September.

It is gratifying to the officers of the Association to be able to state that the indications are that the coming meeting will be more largely attended than any yet held by the Association. It is especially desirable that every State shall be well represented, as questions of im-

portance to the entire profession of the South and West will be before the Association for consideration.

Many papers have been promised by leading men. Others who may wish to read papers at this meeting should send titles and names to Dr. A. M. Owen, Evansville, Ind., or Secretary Dr. R. L. Thomson, 3555 Olive street, St. Louis, Mo.

THE ELEVENTH CENSUS.—The following circular letter has been issued :

To the Medical Profession : The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied on by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physician's Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for enumerators to make. It is earnestly hoped that physicians in every part of the country will co-operate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them were used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been.

Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential. ROBERT P. PORTER.

Superintendent of Census.

DEPT' INTERIOR, CENSUS OFFICE, }
WASHINGTON, D. C., May 1, 1889. }

A WORTHY AND WELL EARNED TRIBUTE.—In the Editor's Table of the June *Sanitarian*, we find the following conclusion to a brief review of the last report of the Memphis Board of Health :

"Sanitarians generally will regret to learn that with this report Dr. Thornton retires from the field of sanitary work. He has declined to be any longer the executive, or a member of the Board of Health of Memphis, has resigned from the State Board of Health, and has declared his purpose to devote his time hereafter exclusively to curative medicine. But to him more than to any other one person is due the now comparatively uneventful life of the medical practitioner in Memphis. From 1878 to the close of his work, both as medical practitioner and as practical sanitarian, Dr. Thornton has stood among the foremost in the battle for the redemption of Memphis. In the first place, in his contention against the most devastating and relentless of foes ; and, secondly, in persistently urging to a successful issue the application of such sanitary measures as have raised Memphis from a bed of death and placed it in the front rank of progressive cities. It may be truly said that, with such a record, Dr. Thornton can afford to retire. But whether Memphis can afford to do without him depends upon how well those who succeed him may maintain and continue to promote the good works now so full of promise."

DR. H. M. HOLLINGSWORTH, died at his residence in Clinton, Tenn., Monday morning, May 20th, 1889. The deceased was born in Campbell county, Tenn. He was a prominent and able physician and universally respected citizen of Clinton. Was taken sick some three months previously, and had been confined to his home up to the time of his death.

During the late war Dr. Hollingsworth served in the 9th Tennessee cavalry and was a brave and efficient soldier. After the war he married a daughter of Dr. Marshall, of Knoxville, and settling in Clinton has continued the practice of his profession ever since and had a very extensive business when taken sick.

He was a member in good standing of the Masonic and Odd Fellows' Lodges and the funeral which took place on Tuesday, May 21st, was conducted by these orders and was probably the most largely attended funeral that has taken place in Clinton for several years. The deceased left a wife and family of nine children to mourn his loss.

THE LAMBERT PHARMACAL COMPANY have again placed us under obligations for a very neat and handsome little programme of the general session of the Newport meeting of the American Medical Association. It also contains quite a series of excellent illustrations of points and places of interest in and about Newport. From the illustration of their exhibit this enterprising establishment will be as well represented at Newport as on previous meetings of the Association by their excellent and valuable preparations Listerine, Lithiated Hydrangea, and Menthated Camphor. We are glad to see that the enterprise formerly manifested so satisfactorily by the lamented Jordan W. Lambert is still a part and parcel of the Pharmacal Company bearing his name.

PHYSICIANS' POCKET BUSINESS COMPANION.—We have received from the publisher, Dr. J. T. McColgan, Arcot, Clay county, Tenn., a copy of this excellent and valuable little addition to the practicing physicians' armamentarium. It is not so large as a tablet of prescription blanks, yet it comprises a day-book, for entering calls, office prescriptions, etc., and other business of the practitioner, a ledger, bill-head, with purchaser's name printed thereon, promissory note and receipt book all in one. Send sixty cents to the publisher and get one, or send \$1.00 and get two of them, and you will certainly want to repeat your order from time to time. It only needs to be seen to be appreciated.

KATHARMON CHEMICAL Co., St. Louis,

GENTLEMEN: We would say that we are well pleased with the results we have obtained from the use of Katharmon in the diseases for which its use is suggested. It is especially beneficial as a gargle and a mouth wash, and it fully meets all indications where milder antiseptics is required. We commend its use. Yours truly,

JACOB GEIGER, M. D., Prof. of Principles and Practice of Surgery and Clinical Surgery.

H. W. LOEB, A. M., M. D., Prof. of Physiology and Hygiene, Ensworth Medical College, St. Joseph, Mo.

St. Joseph, Mo., April 1, 1889.

I HAVE used Campho-Phenique for some time past in my private practice, and at my clinic at Beaumont Hospital Medical College, and am very much pleased with its action as an antiseptic anæsthetic surgical dressing. I have had most excellent results with it in caries and superficial necroses, using it pure, or dissolved in various proportions of oleaginous matter. Suppuration was controlled, the removal of sequestra facilitated, and recovery hastened in a remarkable manner.—*Waldo Briggs, M. D., Professor of Genito-Urinary Surgery and Clinical Surgery, and Curator of Museum, Beaumont Hospital Medical College, St. Louis, Mo.*

MALTED MILK contains no starch. Requires no cooking or addition of milk, but merely to be dissolved in water. Malted Milk has already asserted a leading position among the dietetic preparations, either as a food for infants or adults, and it has received the hearty endorsement of many eminent physicians, who prescribe it largely with very gratifying results. Give Malted Milk a fair trial in many cases requiring nutrition, easy of assimilation, combined with simplicity of preparation, and you cannot help being pleased.

IMPLICIT CONFIDENCE.—A prominent physician of a neighboring town left some medicine for a negro child, which by some means had acquired a dead fly as an adventitious ingredient. The child's mother administered all of the medicine, and then presented the child with the fly to take, when a visitor objected on the ground that it was not intended for medicine. "Uh no," responded the mother, "Marse Jack knowed what he wuz about, en' ef he hedn't 'tended it ter be tuck, he never would hab put it in dar!"

AIDS DIGESTION.—Used Crystalline Phosphate myself, taking it at meal times dissolved in a cup of hot water, making a delicious drink. Instead of oppressing the stomach, as is common with most exhibitions of Phosphorus, I thought it a digestive stimulant and I also fancied it tended to relieve constipation.

L. E. GEORGE, M. D., Endicott, Neb.

CONVENIENT TO ALL AMUSEMENTS and shopping centers, with over 2,000 horse cars passing daily and near to elevated, is the Sturtevant House, Broadway cor. 29th street, N. Y. One of the most popular N. Y. hotels.—*Mail and Express.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

KATHARMON is an antiseptic of more than ordinary power and merit, and when thoroughly tested by the medical profession, it will be accorded a place high up in the list of modern antiseptics.

We have made frequent use of it in Nasal Catarrh, Pharyngitis and Laryngitis, and have found it most excellent.

THE day of mercurials as blood alteratives is past, and vegetable alteratives have now universally taken their place. The Succus Alterans (McDade), manufactured by Eli Lilly & Co., of Indianapolis, is a rare product, and is winning laurels wherever used. Their Elixir Purgans is also valuable.—*Chicago Medical Times*.

The Medical Record playfully states that a genito-urinary surgeon of New York City has been successfully treating deaf mutes with *sounds*! He should be careful to insert them in the *right* meatus, in order that he shall not be left.

SUCCESSOR TO PROF. S. W. GROSS.—On May 13th, Dr. William W. Keen, of Philadelphia, was elected to the Professorship of Principles of Surgery and of Clinical Surgery, recently made vacant by the death of Professor Gross.

LION BREWERY has an advertisement in this number of interest to our readers. Their special brand of Invalid's Beer has been liberally endorsed and highly recommended by members of the medical profession.

LACTOPEPTINE.—Don't forget that this reliable and standard preparation will give you valuable results, both curative and prophylactic, in the summer diarrhoeas of infants, so prevalent at this season of the year.

W. R. CHURCH CART CO. have an advertisement in this number of interest to our readers. Send to them for a catalogue and price list of their excellent and handy vehicles.

A NEW ORLEANS PAPER SAYS: The central location and reasonable prices of the Sturtevant House, New York, and its popular management by Messrs. Matthews & Pierson, make it just *the* place to stop.

ROBINSON'S LIME JUICE AND PEPSIN is not only a good remedy for dyspeptics, but one of the most palatable of drinks. In these hot months it is both delightful and refreshing.

MALTED MILK—Send to Racine Milk Co., Racine, Wis., for sample of this most excellent and valuable food for infants, dyspeptics and invalids. Repeated trials have proven most satisfactory with us.

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

THE AMERICAN MEDICAL ASSOCIATION.

The next annual meeting will be held in Nashville, Tenn., Tuesday, May 20, 1890. E. J. Moore, of New York, President; W. B. Atkinson, Philadelphia, Secretary; G. C. Savage, Nashville, Assistant Secretary; W. T. Briggs, Nashville, Chairman Committee of Arrangements.

CONTENTS FOR JULY, 1889.

ORIGINAL COMMUNICATIONS:—

Ophthalmia Neonatorum, by J. G. Sinclair, M. D	279
Suppurative Otitis, by H. D. McGill, M. D	283

CORRESPONDENCE:—

Philadelphia Correspondence	285
---------------------------------------	-----

SELECTIONS:—

The Treatment of Bright's Disease	288
Inflammation	293
Operation for Depressed Nipple	297
Blindness from Ophthalmia Neonatorum	298
The Ophthalmoscope	300
A New Method for the Arrest of Cancer	301
Case of Poisoning by Antifebrin	302
The Treatment of Carbuncles	303
The Influence of Warm Baths on the Elimination of Mercury	303
Treatment of Bubo by Aspiration and Pressure	304
A New Method of Administering Cod Liver Oil	305
The Prevention of Summer Diarrhœa in Infants	305
Drainage Tubes	306
Threatened Abortion	306
The Tannin Treatment of Phthisis	307
Precocious Menstruation: Amenorrhœa with Convulsions.	307
Sulphonal Eruption	307
Incompatible	308

EDITORIAL, REVIEWS, ETC:—

Book Notices	308
Obituary	313
The Mississippi Valley Medical Association	316
The Eleventh Census	317
A Worthy and Well Earned Tribute.	318
Editorial Items.	319

THE SOUTHERN PRACTITIONER.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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Original Communications

POPULAR PROGRESS IN STATE MEDICINE.*

BY J. BERRIEN LINDSLEY, M. D., NASHVILLE, TENN.

The Section on State Medicine has two feet upon which it securely stands—law and science.. My immediate predecessors as Chairman of the Section have noted the recent progress in science as connected with its practical work. On this occasion I shall, with great brevity, note progress in the other direction. As in America, all law depends upon the sovereign will of the people, who are at once governors and governed, my topic is substantially "Popular Progress in State Medicine."

This progress is one of the great features of the present century, which is as signally characterized by the application of the physical forces to the daily uses of man as was the fifteenth by the unfolding of the globe's map. Thirty years ago sanitary ideas, problems, reforms and work were unknown, or at all

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events unmentioned. To-day, outside of partisan politics with its perquisites, no topics engross so large a share of public attention as do those belonging to practical sanitation.

As evidence of the recent and rapid progress State Medicine has made in the United States, the following substantial proof may be cited:

STATE BOARDS OF HEALTH.

The first State Board of Health created was that of Massachusetts, at a date no longer ago than 1869. From a table very carefully compiled by Dr. Geo. Homan, Secretary of the State Board of Health of Missouri, we learn that, in 1888, twenty-nine States maintained Boards of Health, by an annual expenditure of more than half a million dollars. Thus a major portion of the American people are becoming acquainted with the connection between law and health.

In most instances these Boards have high powers. In all cases they exercise a great educational influence.

Voluminous reports, prepared with care, and with special adaptation to the several localities, are liberally distributed. At this date the series issued by those two advanced States, Massachusetts and Michigan, constitute a cyclopædic collection of treatises upon all the pressing questions of public sanitation. The Illinois Board has exerted a lasting influence upon medical education by its persistent efforts to protect the people from imposition. Perhaps it is not beyond fact to say that a very few years of legal effort by this single State Board has done more to elevate medical education than all the advisory and hortatory resolutions of our own great Association in forty years. Law is a rapid and efficient educator. No less than eight of these twenty-nine State Boards issue monthly publications containing reports and information from all localities within their bounds. These periodicals are circulated by the thousand, and tend materially to advance the work. All date within the last four years.

CITY AND LOCAL BOARDS.

The progress, influence, powers and expenditures of city Boards of Health in the recent decade is even more remarkable

isan pan in the case of State Boards. I have not at hand such an of pe. analysis of their work as that furnished by Dr. Homan, above rered to. However, a single topic under their care reveals the reas. ide scope of their functions and the immense results which g sub. must in a few years ensue. Healthy homes for all the people becoming their watchword and the demand of their constit. encies. To exemplify this point time forbids. The work done was by the New York, Boston and Nashville Boards may be cited in From roof.

retary. A wonderful illustration happened in Europe only a few, in the days ago (June 15), when the King, Queen and Crown Prince an men of Italy inaugurated the improvement of the sanitary condition of Naples. This grand work will require ten years for its completion. Many new streets will be opened and 17,000 houses be demolished.

powers. The American Democracy long since voted itself public schools by means of which the keys of knowledge are placed in the hands of all. Witness Massachusetts, which for its last scholastic year voted without grudging the royal sum of \$7,-50,000.

and vir ally dis advances. The American Democracy will beyond a doubt, long before the next century becomes old, vote that each man, woman and child of its many millions, everywhere upon its imperial domain shall breathe the pure air of heaven and enjoy that bright sunshine which is the truest emblem of the Divine Giver of all life.

people are that a re s done and be f years eight ons over their and ex the s. Ever since my student days in that loved Alma Mater, the glorious old University of Pennsylvania, have I, as opportunity, offered, inspected the dwellings of the masses in our large cities, and always with sadness and compassion, that so many among them fared no better than like classes in the Old World. Now, when these scenes meet our eyes, it is with the comforting reflection that such disgraces upon our vaunted civilization will soon pass away.

VOLUNTARY ASSOCIATIONS.

These are rapidly becoming a power. On April 18, 1872, in the rooms of the New York City Board of Health, seven pioneers founded the American Public Health Association,

which now counts its membership by the hundreds. This Association has published fourteen substantial and handsome volumes, permanent memorials of the best thoughts of very many of the most eminent practical sanitarians in America. By the thoughtful liberality of a single member, Mr. Henry Lomb, of Rochester, N. Y., it has sent many thousand copies of capital essays among classes specially needing and prizing such instruction.

The Newport Sanitary Protection Association is a model in its way, which in a very few years will be widely copied in all parts of our great Republic.

The New York Ladies' Sanitary Association, recently formed, has some three hundred and fifty members. It has taken hold of such great subjects as defects in public school buildings, the removal of garbage, and the like. Though in its infancy, it is already noted for good work.

INCREASED RESPECT BY RULERS.

This is very remarkable, and has done much to give our cause prestige with the people. The sayings of D'Israeli the gifted, and of other eminent British statesmen, have become axioms. No greater tribute, however, has ever been paid to State preventive medicine than the idea recently advanced by an American Secretary of State, looking to the peaceable acquisition of a great island now a plague-spot, a terror and a menace to our people, that so it may come under the redeeming influence of sanitary science.

THE BARRING OUT OF CHOLERA.

In 1884 and 1885 France, Spain and Italy were visited by an epidemic of Asiatic cholera which alarmed all Europe, and created great uneasiness in our own country, especially in the vast Interior Valley. In all previous visitations of this exotic pest it was allowed free course. On this occasion, however, it was met by the organized hosts of scientific physicians acting with the power of law, and was stopped short in its career. This fact has given the American public great respect for and great confidence in State preventive medicine, as I know from conversing with many outside our profession.

GREAT MONEYED INTERESTS AROUSED.

Yellow fever epidemics, and even yellow fever scares, are now of national importance because of their disastrous influence upon inter-State commerce. The scare of last year damaged more or less all the railway companies with extensive lines in the South, probably more than the really great epidemic of 1878, which was so fatal to life. This because of the increase in mileage of these railroads. During the continuance of this scare and consequent embargo upon commerce, very many railroad and mercantile men studied and discussed the perplexing topic of quarantine. These men represented millions upon millions of capital and multiplied thousands of employes. One sentiment prevailed among them, respect of State Boards, abhorrence of local shot-gun quarantines, and a desire for a central Federal head at Washington which should coöperate with State Boards and harmonize quarantine rules. There are no better auxiliaries in public health work in the South than our railroad officials. The depopulation of Decatur, Ala., when yellow fever was declared epidemic, as conducted by the management of the Louisville & Nashville Railroad, was a model for promptness, efficiency and humanity.

The recent astounding calamity of May 31, in Pennsylvania, has also awakened a widespread feeling of the necessity of a Federal hand which in such unexpected and destructive calamities shall be ready to aid local authorities with that promptness and wealth which great Governments alone can exhibit. In such times of trouble there should be no necessity for the slow, uncertain and costly agency of voluntary contributions from individuals among 65,000,000. Our Government is a Commonwealth of States, and at its Capital has all the organization for mutual insurance against earthquakes, floods, and pan-epidemic pestilence that can possibly be needed.

LIFE INSURANCE AND VITAL STATISTICS AND SANITATION.

As it respects numbers interested and capital involved, life insurance is second to no business in America. Without vital statistics it walks in darkness. With local sanitation it is intimately concerned. A company at Hartford has within ten

years sent an accomplished physician twice to Tennessee on an inspecting tour, whose reports give an admirable summary of the sanitary condition of that State, though never published. This kind of inspection is more frequent than health officers are aware. It is impartial and meant for business uses alone. Unhealthy countries are embargoed by life insurance companies, for a single epidemic may destroy the resources of years.

THE BUSINESS INTERESTS OF AMERICA NOW DEMAND THE
UNITED STATES PUBLIC HEALTH SERVICE.

This topic for twenty years past has been much discussed in medical associations, national and State; also in sanitary conventions of all kinds. Various plans have been proposed with widely different features. At one time, 1879, a National Board of Health was created, from which much was expected. These expectations were disappointed, and perhaps inevitably, since this Board was not in harmony with the machinery of the United States Government. Perhaps, also, because it was mainly established under the spur of an epidemic disease which affected only one section of the Union and did not concern the people of more than half the States.

Every one conversant with the development of bureaus and departments at Washington is aware of the fact that in each instance they are the outgrowth of progress in the separate States, and of the wants of large classes of people.

After many States had created agricultural bureaus, boards or commissioners, and after the farmers had become widely interested in the matter, Congress enacted a Bureau of Agriculture. After a while this was exalted into a Department, without a seat in the President's Cabinet Council. Very recently it has made the last step in advancement, and its head is a full Cabinet minister. Nearly all the States had systems of public schools before the Bureau of Education was created, which, under the long and successful administration of Commissioner Eaton, passed from infancy to vigorous manhood. This Bureau works in perfect harmony with the State Superintendents of Public Instruction. It gathers, arranges and collates a vast amount of educational statistics and information not coming under State

purview. It represents the vast corps of teachers in the Union at Washington, increases the self-respect of this large body of influential citizens and, as a consequence, grows continually stronger in the public esteem.

There is now at Washington nearly all the provision or machinery of a Health Department worthy this mighty people, which yet does not satisfy the public demand for want of enlargement and coördination. A service nearly a century old, established originally as an act of charity to a heedless class, and supported by a tax upon that class, has, by a singularly interesting process of evolution, expanded into a Bureau with four exceedingly important drawers. - The care of the United States Marine Hospitals, once its sole function and the cause of its creation, is now only one of its duties, a great charity though it be, with a chain of splendid buildings perfectly equipped and ably managed. All honor to him who conceived the idea of elevating this service from the low estate into which partisan administration had reduced it. All honor to those who have changed it from sinecure posts for party reward to scientific positions for genuine merit.

Last year, in pursuance with an earnest request from the American Medical Association, Congress greatly enlarged the ability of this Service to take charge of maritime quarantine, so that now this, one of the chief functions of a National Health Bureau, is by common consent placed in its hands, with funds and powers amply sufficient for most efficient work. Surely this addendum far outweighs in importance and esteem its moderate hospital work.

Curiously enough, last year also a threatened epidemic of yellow fever brought a demand upon the central Government for assistance which could not be refused, inasmuch as a contingent fund for just such purposes had been placed to the order of the President, who could find no other channel through which to extend relief than this same old seaman's friend. Thus interstate quarantine and aid fell under its wing. And though this may be a temporary work, yet when occasion does occur for its performance, in magnitude and importance it dwarfs even mari-

time quarantine. A fourth drawer in this nondescript Bureau is the direction of investigations throwing light upon the causes and prevention of diseases, which has been committed to its charge in more than one instance by Act of Congress during the few years just passed.

Thus it would seem that the United States Marine Hospital Service has altogether outgrown its name. It should be styled the United States Public Health Service, while retaining essentially its present organization. Maritime quarantine, inter-State quarantine and aid, and scientific researches, with its original work should constitute four separate sub-departments with ample funds and full clerical force. The head of the whole should be, as now, a Supervising Surgeon-General. This is better than a Bureau with a political appointee at its head. The term Service is significant and it is popular.

The U. S. Signal Service, Life Saving Service, Light Service, are doing much to render the Government revered as a benefactor instead of being regarded as a harsh tax-gatherer. The small sum expended upon lights along both banks of the Mississippi River has done more to lighten toil, mitigate danger and save loss of life and property, than immense sums expended in other channels.

The United States Public Health Service thus established, by a process not of revolution but evolution, can be most efficiently aided in its wide field of action by three existing agencies at Washington, each of which has been long in operation with universal favor and popular support.

First. The United States Signal Service. Climatology is of late admitted by all to be a most important branch in the study of preventive medicine. It will not be long before weather warnings will be more in request for health purposes than even now for commercial and agricultural reasons. One or two clerks in the Public Health Service can obtain and coördinate all the weather knowledge it may need as effectually as if the two Services were combined in one.

Second. The United States Census Bureau of Vital Statistics. Every ten years the Government, in connection with the enumer-

ation of the people required by our polity of representation, sets to work a Supervisor of Mortality and Vital Statistics for that special census. This office should be permanent and the work continuous. All admit the supreme importance of accurate vital statistics as the very basis of practical sanitation. The experience of over a century shows that the States and Territories will not efficiently provide these statistics. A few large and wealthy States may, but, judging the future from the past, the youngest grandchild of our great-grandchildren will not live to see America on a par with Great Britain in this, the very basis of a high civilization. This work is eminently within the province of the Federal Government, and will find with the people a welcome not less warm than that extended to the postal or weather services.

Third. The United States Coast and Geodetic Survey. A minute topographical survey is an essential in sanitary work. Great Britain, France, and even Spain, a country which we ignorantly much underrate, have either perfected or are perfecting topographical maps on a scale of several inches to the mile. These maps are perfect delineations of the country. In America there is not a single State thus mapped, and perhaps never will be. It is a costly work, requiring time and highest scientific skill. This, too, is eminently an undertaking for the Federal Government, of absolute necessity from a military standpoint no less than for public health reasons.

That a complete Weather Service in each State under the control and support of the United States; that the permanent collection, collation and publication of the vital and mortuary statistics of each State under the same authority; and that a minute topographical survey of each square mile in the three and a half millions over which floats our flag, is also its legitimate work, follows logically from the fact that each and all of these great factors in the people's progress to a civilization higher than any which has yet been attained by humanity, are eminently national in their character and relations; and also from the further fact that their cost is far beyond the means at the disposal of the States. Be it always remembered that the States

have surrendered to the Federal Government the two lucrative sources of revenue, customs and excise duties, and thus left themselves poor.

Above is briefly sketched the outline of a plan which, without jostling or jarring, but simply by expansion and coördination, will give what the American Medical Association has so often and earnestly demanded—a Public Health Service worthy our Continental Republic, which, though but a century old, already rivals in influence, fame and future hopes the mighty Republic of antiquity whose name is even now a synonym for dominion.

MAN'S CHAPTER IN NATURE'S BOOK.

BY JAS. E. DEDMAN, A. B., INTERNE CITY HOSPITAL.

All nature, through ceaseless change, is harmony bound in one volume. This book is bound by the present and margined by two vast eternities, the Past and the Future. God is its author; Man its publisher; Fate its preface; and Science its interpreter. Change is written in letters of fire all over nature's face. The kingdom of nature presents myriads of astonishing transformations. Out of the old she fashions the new. From death springs life. The evanescent dew-drop fresh from the fount of heaven, conceals the latent power of the thunderbolt. Under a small and feathery covering, life develops itself in an egg, and a winged bird breaks singing through the shell. The creeping caterpillar is transformed into a butterfly with glittering and delicate wings, that rocks itself upon the lovely flower. The small seed dies in the lap of earth, and rises again in the verdant and flowery splendor of a youthful tree.

Conflict is the supreme law that pervades the world. Everywhere is retrogression and progression, involution and evolution. Here we read aloud. Le Conte defines this enacting clause in all existence as "Continuous progressive change according to certain laws and by means of resident forces."

The process is not confined to one thing, nor is it a doctrine limited to one department of science—biology. The process pervades the whole universe, and the doctrine equally concerns every branch of science. Therefore, its truth or falsity, its acceptance or rejection is no trifling matter, affecting only one small corner of the thought realm; but, it affects deeply and profoundly the very foundation upon which science is based, and therefore the whole domain of thought. It determines the whole attitude of the mind toward nature and towards Nature's God.

During the last decade, no other doctrine has taken so firm a hold on the attention of the public, or, at once so violently agitated our profoundest convictions, as the resuscitated theory of evolution and monastic philosophy with which it is concerned. By its aid alone can we solve the great fundamental question of man's place in nature. And since man is the grandest and the noblest creature of the organic world, the ultimate basis, the highest principles of all science naturally rest on the place in nature assigned to man as our knowledge of the cosmos increases.

The subject of evolution is broad in its nature, embracing the entire universe. To understand and appreciate its hidden beauties, one must be a faithful student of science.

The vulgar notion that we are *descendants* of the monkey, or a revised edition of the gorilla, is as false as it is ludicrous.

Everything that exists has a source. The scriptures tell us that at the dawn of time God made all things, the heaven and the earth.

The theory of the nebular hypothesis holds that this world and all the worlds of the universe, existed as a rare, gaseous matter in a high state of combustion, whirling with immense velocity through infinite space. By slow cooling, and consequent contraction, the centrifugal force, caused by the motion overcoming the force of gravity, flung into space the worlds and suns which from their lofty places smile down upon us.

The great point which the geological formation of the earth would impress upon the mind, is the cardinal idea of the sun and planets together with their attendant satellites not turned

out as manufactured articles ready made at measured intervals, in a vast and deliberate celestial orrery, but as due to the slow and gradual working of natural laws in accordance with which each has assumed by force of circumstances its existing place, weight, orbit and motion. But two explanations are offered to account for the assemblage of organic planets and animals: the hypothesis of Creation, and the hypothesis of Evolution.

The hypothesis of creation, as generally understood, asserts that Almighty God called into sudden existence the different types of life; that man came just as he was, in but a moment, in the twinkling of an eye; that each class of animals and plants were made separate and distinct from every other class, and that all were not in any genetic way connected.

The evolution theory asserts that from one or a few organisms, germs, or protoplasms all plants and animals have been derived by a process of evolving or development. Evolution throughout has been one and continuous, from nebula to sun, from gas-cloud to planet, from early jelly fish to man.

Every individual animal body, man for instance, has become what it is by a gradual process, by evolution; that, commencing as a microscopic spherule of living but apparently unorganized protoplasm, it gradually added cell to cell, tissue to tissue, organ to organ, and function to function, thus becoming more and more complex in the initial action of its correlated parts, as it passed successively through the stages of germ, egg, embryo, and infant to maturity. This is evolution, and it is that in laying before our eyes the development of the foetus, in putting in plain view this small scaled evolution that God has given to us a revelation of the course of life through the world.

The whole history of the earth is divided into five eras, having strata of rock corresponding. Commencing with the earliest organisms, the first entrance of life into the world shown in the fossils of the very deepest rocks, and passing onward and upward through the five eras successively we find, as in the embryo, first the germs and the very lowest forms of life; and further upwards we find animals or rather forms more and more

complex in structure, until we reach the most complex internal and external relations which are completely shown in the anatomy of the human body. There is evidently a progressive change in organic forms and relations throughout the entire history of the world.

On the rock strata, the leaves of nature's book, their forms are wonderfully and beautifully lithographed.

Agassiz first pointed out the significant fact that the earliest representatives of any class of beings were not what we would call typical representatives of that class, but were on the contrary some intermediate form; that most animals besides having the distinct characteristics of their own classes, possessed certain characters that allied them with other classes.

Mr. Darwin says that the individuals of each race tend to increase in a very rapid ratio, and increase more rapidly than their means of subsistence. Each has, therefore, to contend with his competitors, and hence all must struggle for existence, and the fittest survive.

There have been times in the earth's history when certain classes of animals predominated to a great extent. This is called the culmination of that class. In succession culminated first molluscs, fishes, then reptiles and mammals, each by their own superiority drawing the preceding class into less conspicuous places, diminishing the number of the former, but not entirely extinguishing them, and increasing their own number until each became in turn the ruler of the entire animal kingdom.

So when the mammals had risen to their greatest heights, when they became the rulers, over every animal that inhabited the globe, man in his lowest form appeared.

Soon, on account of his superior tact and intellect, he became victor of the field. The contest was a hot and ceaseless one, but man drove from the field of battle his powerful antagonists, and man now stands upon the highest peak of the mountain of science, and gazes with pride and admiration upon his victory.

I have read to you one chapter from nature's wondrous book. The theory of evolution has not been due to any one science

alone, but is attributable to the conjoint movements of all. It is due to the irresistible advance of human knowledge. To refer it to geology alone, as is often done, is altogether a mistake. It was not possible that astronomy should fail to maintain her grand position. She it was who took the lead in the intellectual revolution that marks the close of the middle ages. Single-handed and alone she fought and won the great battles of the globular form of the earth, the central forces and the plurality of words.

She has found stepping-stones in the trackless infinitude of space and beckons her comrade sciences to come and share with her the glorious view she had gained of the majesty of the universe. Anatomy, both human and comparative, paleontology, chemistry, physiology, microscopy, and even philosophical history have given them aid. Wherever any one science has made a marked advance its movement has been covered by some of the others and the ground thus occupied secured. So that now the sciences all stand abreast, marshalled and aligned on the side of truth in the warfare against error and darkness.

In conclusion I would say, "Be not too hasty in rejecting these theorems." There is no thought of modern times that more magnifies the unutterable glory of God. Bear it ever in mind that the doctrine of evolution has for its foundation not the admission of incessant divine intervention, but a recognition of the original, the inimitable fiat of God.

Now, what are the consequences of the acceptance of this theory?

In the first place, what different, grander ideas we should have of our own organism, were we no longer to regard ourselves as the fictitious image of any anthropomorphic creator, but rather in the clear light of philogeny, to consider ourselves as the most highly developed form of the animal kingdom—as an organism, which in the course of millions and millions of years, has gradually been developed from a long line of vertebrate ancestors, and which in the struggle for life has risen above its kindred! It gives us nobler views of this grand universe of which we form a part, nobler views of the manner

in which it has been developed from the beginning to its present state; nobler views of the laws by which it is now maintained; and, nobler, grander, higher, loftier expectations as to its future!

We stand in the presence of the unshackelled as to force; of the immeasurable, as to space; of the unlimited, as to time. We have trod the stream of existence, material and physical, up to its very fountain head, and stand in reverential awe and lowly humility, facing the great primeval cause, the supreme ruler of the universe.

CASE OF SNAKE BITE—COPPERHEAD.

BY J. G. GENTRY, M. D., OF WHITE'S CREEK, TENN.

A daughter of Mr. O'Neal, about 11 years old, living on Marrowbone Creek, in Davidson County, was bitten by a Copperhead Snake, on July 10th, about noon, while gathering blackberries. In reaching down under a bush for some berries, she placed her hand right on the snake and was bitten between the middle and ring finger of the right hand.

The messenger coming for me had to ride a distance of six miles, and although I went pretty fast, it was fully two and a half hours after the receipt of the injury before I reached her. On my arrival I found the hand intensely swollen, the swelling extending up the arm half way between elbow and shoulder. The hand and arm were both very much discolored, presenting a mottled or pieded appearance, from spots of ecchymosis, so intense was the capillary congestion of the limb. Both hand and arm were quite cold.

The child was very much frightened, and manifested some degree of delirium or flightiness in her talk; her heart's action was rapid and feeble, and her breathing was quite hurried and somewhat irregular and jerking. She complained of intense pain in the hand and arm, which was greatly increased on moving or having them touched. The pupils were considerably dilated.

A Mr. Bud Winters was bitten by a Copperhead about a year ago, in the same neighborhood and about the same locality, and although he was promptly attended by two physicians, he died in about twenty-four hours after the injury was received; consequently this case attracted a good deal of excitement, and quite a large number of the neighbors were on hand when I arrived, some of whom had administered some blue ash tea and a little camphor.

I first tied a twisted handkerchief around the arm just below the shoulder joint, so tightly as to cut off the circulation, which was permitted to remain for twenty-four hours, at the expiration of which time it was gradually loosened. The swelling never extended above the handkerchief.

I at once commenced the administration of whisky in 4f3 doses, repeating it every half hour until four doses were taken, when she became quieter and wanted to go to sleep—her circulation also became fuller, stronger and slower, the breathing slower and more regular. The whisky was continued in smaller doses at longer intervals, she consuming about one quart in forty-eight hours.

I also sponged the hand and arm with aq. ammonia, and kept cloths saturated with it to the hand and arm for about four or five hours; substituting at this time a large poultice of flax-seed meal and sweet oil for the ammonia, which was continued until the case was discharged.

She went to sleep in the early part of the night, resting fairly well throughout the night, and had to be waked up on several occasions for a repetition of the stimulant.

On my visit the next morning she seemed to be decidedly better, although she was somewhat nauseated and had vomited a few times. The nausea did not last very long and she was permitted to take some chicken soup. The swelling in the arm and hand did not seem to be so great. The whiskey was continued throughout the day with occasional nourishment.

On the third day she was sitting up and had eaten her breakfast before my arrival and seemed to be doing very well; she was cheerful and in good spirits; her circulation and breathing

normal. The swelling had almost entirely disappeared from the arm, but there was some œdema on the back of the hand; the mottled appearance had entirely disappeared. From this time on there was not an unfavorable symptom.

The snake was killed a short time after the child was bitten, and was unquestionably a Copperhead, a true *Trigonocephalus*, about thirty inches long, and fully two inches in diameter at the thickest part.

Correspondence.

PHILADELPHIA CORRESPONDENCE.

*The Convention at Newport ; Its Success—The Warren Triennial Prize—The Centralization Scheme of the University of Pennsylvania ; Its Lack of Success ; The University's Growth
—The Howard Hospital's Opening—St. Clement's Plans—The Children's Country Hospital—The Negroes in the Town—Dispensary Work
—The Presbyterian Hospital—The Summer Vacation.*

The physicians from this city who attended the medical convention held at Newport last week have returned, and report that the meeting was highly successful. The great number attending, the interest in the papers read, and business transacted, and the splendid climate of that famous seaside resort, all aided in making the gathering for 1889 a most notable occasion.

The Warren Triennial prize, of Boston, was awarded this year to two young Philadelphians, Dr. Hobart A. Hare and Dr. Edward Martin for their essay on Artificial Respiration. They also succeeded in taking another prize in New York with the same essay, but, I believe, on account of having taken the previous prize, the essay was not eligible to receive the Gotham money. I may be able in a future letter to give you the particulars of several new points which they have developed in

their experiments on the phrenic nerve. There has been an effort made this winter and spring to center around the University of Pennsylvania the philosophical scientific and literary organizations of the city. The recent addition of a large tract of land to the University's present grounds suggested the idea of collecting there the Academy of Natural Sciences, of which Dr. Leidy, Professor of Anatomy at the University, was President; the Franklin Institute, which is one of the weightiest scientific bodies in the country; the Mercantile Library, with its collection of 150,000 books; the American Philosophical Society, and such other bodies, which would at the same time add lustre to the University and be benefited by the proximity, and interest of a large and growing college.

Provost Pepper had devised plans by which all this could be done feasibly; for instance, he proposed to sell to the city the present building of the Academy of Natural Sciences for a Girls' Normal School, a new building, for which purpose the city needed it. This would remove the greatest objection the Academy would have to moving; but the majority of the societies voted against the contemplated change.

Notwithstanding this refusal to use the University's hospital-ity, new buildings for other purposes are springing up on its grounds. Dormitories for the medical student are planned; also new laboratories for the scientific department; a maternity hospital for students' use has been built, and a very handsome library building is now in the course of erection. The University has now 1,200 students, and is constantly stretching its domain and broadening its curriculum.

The Howard Hospital is the latest hospital to open its doors for the reception of patients. It has long had one of the largest dispensary services, but never, until now, has it had accommodations for house patients, having just moved into new quarters in the lower section of the city.

St. Clement's Dispensary is going to follow its example in the fall, and open a hospital also. This all serves to increase the facilities of hospital practice, which the city needs, but the opening of these newer dispensaries has cut largely into the

districts covered by the old Philadelphia Dispensary, which completes this year the one hundred and third year of its existence, but which is still a very vigorous institution.

The Children's Hospital last week sent its patients to its country hospital near Bala, that is, as many as needed fresh air, rather than medical attention.

An interesting fact, not generally known, is brought out by dispensary work through the poorer districts of this city. It is the great number of negroes who live in Philadelphia, there being, I should estimate, fully 150,000 of this race living in a comparatively small area. In talking to a gentleman from the Virginia Medical College at Richmond, he was surprised to learn that there were so many more of these people in Philadelphia than there are in Richmond. The trials and tribulations which the dispensary physician endures would make many volumes, and in this is brought out a characteristic difference between the Irish and the negro. The Irishman, no matter how sick, generally manages to walk to the dispensary, while members of the other race, generally require the out-door service of the dispensary. I have noticed this repeatedly in working in a dispensary, and at the same time on its visiting service. Possibly the same thing has been noticed in your city.

The Presbyterian Hospital in the last year has shown the most extraordinary growth, so many large contributions having rolled in, that a series of elegant buildings are being erected, which, when complete, will make this institution one of the most complete in the country.

Mrs. Wanamaker, wife of our merchant prince, and present Postmaster-General, began the good work by contributing a Children's Ward, which in arrangements and finish is unique. This building is stocked with beds, surgical instruments, apparatus and even a complete set of play-rooms, filled with toys, conservatories, kitchens, etc. Mens' surgical and medical wards and a fine administration building are being pushed to completion, and now comes the report that twenty-five acres of beautiful land in the neighborhood of the city has been promised, and the money necessary to erect a convalescents' home there

has been given by generous Lady Cartwright, wife of a former English Minister to this country. The hospital has become a great favorite, especially among railroad men, and stands well among all religious sects. It has the great advantage of being unconnected with any medical school, for people here think the University and Jefferson College Hospitals are under the medical care of the students, and that the patients are at their tender mercies.

The town at present is very quiet, everything having settled down for the summer. Many physicians are living out of the city, coming in to their offices daily; many have gone abroad; and many, especially among the younger practitioners, have taken the positions of resident physicians in large hotels at watering places for the summer.

J. HOWE ADAMS, M. D.

PHILADELPHIA, July 5, 1889.

Selections.

DEEP URETHRAL STRICTURES.*—The present paper proposes to discuss only organic stricture of the urethra situated at or beyond the bulbo-membranous junction. No one was yet in a position to say that any operation would radically cure deep urethral stricture, while that of the anterior urethra might be cured.

Three varieties of stricture are encountered clinically in the deep urethra. First the soft stricture, which was a very superficial organic lesion involving only the surface of the mucosa. It follows gonorrhœa, and was generally situated at the bulbo-membranous junction, and might even cause complete retention of urine. Such a stricture would often not admit a filiform bougie, yet a blunt-steel sound of ordinary size might pass in many cases. The second variety was the purely fibrous cicatricial stricture of traumatic origin found in the urethra which had not been the seat of gonorrhœa. It might involve only the mucous membrane or extend through all the tissues of the entire thickness of the perineum. It might be unaccompanied by

* Amer. Asso. Genito-Urinary Surgeons Trans. Condensed.

gleet. It cut like true fibrous tissue. This stricture was linear or annular but clearly defined. The third variety was the nodular stricture, which might supervene after a traumatism notably in strumous subjects, especially where there had been much supuration or multiple fistulæ. It was often found in cases of stricture following gonorrhœa. This variety was lumpy, ill-defined, irregular, tortuous, never linear. Gleet was the rule, and fistulæ might be present.

The first question which naturally arose was: Does dilatation ever radically cure deep urethral stricture? Cases treated by myself and my former partner, the late Dr. Van Buren, demonstrate the possibility of cure by dilatation. In one case the stricture at first admitted only a No. 14 F. instrument, but after a number of months of treatment was cured, and a No. 28 easily passed. Twelve years afterward, no instrument having been used during the interval, a No. 24 entered without meeting an obstruction. This was a soft stricture, the variety in which a radical cure was possible by dilatation.

Does electrolysis ever radically cure deep urethral stricture? I expressed a decidedly negative on this subject in a paper read before the meeting of this association in Washington last year, and my opinion is the same still. It seems probable that the dilatation produced by the electrolytic instruments caused what improvement there was in the strictures so treated.

Does perineal section ever radically cure deep urethral stricture? The term radical is suited to the operation, as experience showed, since the advantage thus gained must be maintained by means of the sound. The difference of results obtained in different cases did not wholly lie in the extent of the cutting done, but depended much upon the quality of the tissues cut. It was possible, for a purely fibrous stricture might be radically cured by perineal section, but that a nodular stricture usually was not. Two comparatively recent novelties in operative methods for deep-seated stricture merit attention. They are excision of the stricture and transplantation of mucous membrane derived from some outside source. Both seem to offer more chance of radically curing nodular stricture than other means now pos-

sessed. Heusner had reported ("Berl. klin. Wochenschr.") an operation in which he dissected out a strictured area two centimeters in length, including a portion of the bulbous and of the membranous urethra. The divided ends of the urethra were then found to be three centimeters apart. The anterior end was loosened from the surrounding tissues, and the severed ends were drawn together, and held by five points of catgut suture. A catheter was kept in place for twelve days. No sound was used. On the thirty-fourth day a No. 24 F. catheter passed easily, and a year later the patient reported himself well.

Three cases of impermeable stricture had been operated on by Wolfier, of Glatz, in which he excised the diseased segment, and after eight days transplanted strips of mucous membrane to the roof and sides of the granulating area. The strips were cut from some convenient vagina and were several centimeters broad. They were kept in place by a packing of iodoform gauze, no sutures being used. The bladder was carefully drained during the process of union of the graft with the surrounding tissues. A small fistula remained in each case when reported. A year after the operation one of the patients could urinate in a large jet; another could admit a No. 20 F. sound.

It seems to be conclusive; 1. There are three forms of deep organic urethral stricture—the soft stricture, the purely cicatricial stricture, and the nodular stricture.

2. That soft strictures are often cured by dilatation.

3. That the fibrous stricture in patients always free from gonorrhœa might sometimes be radically cured by longitudinal section of the roof and floor of the canal at the seat of the stricture, followed by the passage of sounds.

4. That nodular strictures do not seem to be radically curable by this method.

5. That nodular strictures might possibly be radically cured by total excision of the diseased tissue and suturing of the ends of the urethra; when approximation of the separated ends was impossible, transplantation of healthy mucous membrane might be employed.—*E. L. Keyes, M. D., in Medical Standard.*

INJECTION BROU.—The *Journal de Pharmacie* gives a formula for this popular injection from which the following is adapted :

Opium in powder.....	15 grs.
Catechu in powder.....	15 grs.
Saffron.....	80 grs.
Acetate of lead.....	45 grs.
Sulphate of zinc.....	90 grs.
Boiling water.....	17 fl. oz.

Pour the boiling water upon the opium, catechu and saffron, and infuse for half-an-hour, then filter the liquid, add the acetate of lead and sulphate of zinc, and dissolve.

THIRST IN INFANTS.—It is a mistake to suppose that because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has remained some time in the stomach and digestion of it has begun. It is thirst which causes healthy, breast-nourished infants to cry for long periods of time in many instances. There are many cases of indigestion due to weakness or insufficiency of the child's gastric juice, which would be greatly benefitted or even cured if the child were allowed an occasional drink of water.—*Medical Classics*.

DIVIDING THE RESPONSIBILITY.—Doctor—“Yes, you have a tremendous fever. Burning thirst, I suppose?” Patient.—“Yes, terrific.” Doctor.—“Ah, I'll send you round something to relieve that.” Patient.—“Never mind about the thirst, Doctor, you look after the fever; I'll attend to the thirst myself.”—*London Pick-Me-Up*.

CASCARA SAGRADA (10 drops plus 1 g. salicylate of sodium) has been successfully used by Prof. Martin in cases of rheumatism of the muscles. The patient under his charge improved rapidly as soon as the cascara was added to the sodium salicylate.—*ex.*

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

Reviews and Book Notices

A SYSTEM OF OBSTETRICS BY AMERICAN AUTHORS. Edited by BARTON COOKE HIRST, M.D., Associate Professor of Obstetrics in the University of Pa.; Obstetrician to the Philadelphia and Maternity Hospitals; Gynecologist to the Orthopœdic Hospital; Fellow of the College of Physicians of Philadelphia, etc., etc. Vol. II, 8 vo., leather, pp. 854, with 221 engravings on wood. Lea Bros. & Co., Publishers, Philadelphia, 1889.

We had occasion to call the attention of our readers in a previous number of this journal to the first volume of this magnificent exposition of American Obstetrics, and the words of commendation now only need emphasizing on the appearance of the second volume.

Further than the following enumeration of titles and authors, other expressions of a commendatory character would be but an effort of supererrogation.

Diseases and accidents of labor Theophilus Parvin, M.D., LL.D., occupy the first 104 pages; the Forceps and Embryotomy, by Edward P. Davis, A.M., M.D., 73 pages; the Premature induction of Labor, by Jas. C. Cameron, M.D., 15 pages; Version by the same author, 38 pages; the Cæsarean Operation, Symphysiotomy, Laparo-Elytrotomy, and Laparo-Cystectomy, by Robt. P. Harris, A.M., M.D., 43 pages; Puerperal Infection by Henry J. Garrigues, A.M., M.D., 89 pages; Inflammation of the breast and allied diseases connected with child-birth by the same author, 22 pages; Etiology of puerperal fever by Harold C. Ernest, M.D., 60 pages; some complications of the puerperal state independent of septic infection by the editor, Barton Cooke Hirst, M.D., 84 pages; Insanity and diseases of the Nervous System in the child-bearing woman, by Jas. Hendrie Lloyd,

A.M., M.D., 88 pages; the management and the diseases of the new-born infant, by J. Lewis Smith, M.D., 30 pages; the Surgical diseases of infancy and early childhood, by Stephen Smith, A.M., M.D., 58 pages; and Congenital Abnormities of the Eye, by G. E. DeSchweinitz, M.D., 19 pages.

The two volumes constitute unquestionably the most valuable reference book of the age, for anyone engaged in obstetric practice. The printing, press-work, paper and binding are all in the excellent style of workmanship characteristic of Lea Bros. & Co.

SYNOPSIS OF HUMAN ANATOMY, being a compend of Anatomy, including the Anatomy of the Viscera and numerous tables, by JAMES K. YOUNG, M.D., Instructor in Orthopædic Surgery, and Assistant Demonstrator of Surgery in the University of Pa.; Attending Orthopædic Surgeon, out-patient department University Hospital, etc., etc. Cloth, pp. 393, illustrated by numerous wood cuts. Price, \$1.40. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1889.

This is a concise, yet complete synopsis of human anatomy for the use of students of medicine. Recognizing the limited time at the disposal of the students, and the unlimited amount of material to be digested, the author has endeavored, by well selected wood cuts, typographical arrangement, numerous tables, and concise yet lucid text, to facilitate the acquisition of a subject as difficult as it is essential. The aim throughout has been to make it as thoroughly complete and accurate as possible, and at the same time readily accessible for reference or study.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Vol. I, Session of 1888, Birmingham, Ala., Dec. 4th to 6th. Organized 1887. W. E. B. Davis, M.D., Birmingham, Ala., W. B. Rogers, M.D., Memphis, Tenn., Virgil O. Hardon, M.D., Atlanta, Ga., Committee on Publication. From the press of Caldwell Printing Co., Birmingham, Ala. 8 vo., cloth, pp. 318, 1889.

Quite a valuable contribution to the Surgical and Gynecological literature, is the first volume of Transactions of this newly organized association. We find 97 names in the list of members,

all of whom have become more or less prominent in the South in either the field of Surgery or Gynecology. From the minutes of the meeting a most satisfactory meeting was held in the Magic City, and from the essays and papers, together with discussions thereon, the members of this organization have good reason to feel gratified.

The next meeting will be held in Nashville, Tenn., on the second Tuesday in November, and we sincerely hope that the interest manifested will not be permitted to relax, but that the first volume of Transactions, handsome and excellent though it be, may be excelled by its successor.

The printing, paper, binding, are quite creditable, and although bearing the imprint of a southern press, are fully up with the best equipped establishments of the age.

WOOD; MEDICAL AND SURGICAL MONOGRAPHS, Vol. III, Number 1, July, 1889. Consisting of Original Treatises and complete reproduction in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. 8 vo., leatherette, pp. 244. Published monthly. Price, \$10.00 per annum, or \$1.00 per number.

The July number of this series contains Cancer and Cancerous Diseases, by Sir Spencer Wells, F. R. C. S.; Cardiac Dyspnea and Cardiac Asthma, by Dr. S. Von Basch; The Influence of Menstruation and of the Pathological condition of the Uterus on Cutaneous Diseases, by Dr. L. Grellety; Tension as met with in Surgical Practice, Inflammation of Bone, Cranial and Intra-Cranial Injuries, by T. Bryant, F. R. C. S.; and Antisepsis and its relation to Bacteriology, by J. Neudorfer, M.D.

DIGESTIVE FERMENTS, a consideration of their nature, action, quality, dosage and incompatibilities, with notes of clinical cases, compiled from current literature, by the Scientific Department of Parke, Davis & Co. 12 mo. paper pp. 147.

In this little brochure we have an excellent description of the various digestive ferments, their properties and action, with clinical notes illustrative of the experience of those who have tested them. A copy will be mailed to anyone interested upon application to Messrs. Parke Davis & Co., Detroit, Mich.

A **MANUAL OF INSTRUCTION** for giving the SWEDISH MOVEMENT AND MASSAGE TREATMENT, by PROF. HARTVIG NISSEN, Director of the Swedish Health Institute, Washington, D. C.; late Instructor in Physical Culture and Gymnastics, at the John Hopkins University, etc., etc. 8 vo., cloth, pp. 128, with 26 original wood engravings. Price, \$1.00. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1889.

Although there are numerous articles on Massage, this is the most thorough and complete work extant in the English language on the Swedish movement and Massage treatment. Anyone interested in the subject will do well to procure the work.

ON THE TREATMENT OF THE MORPHINE HABIT. By DR. ALBRICHT ERLENMEYER. Translated from the German. (Physicians Leisure Library Series). Geo. S. Davis, Publisher, Detroit, Mich., 1889. Price, 25 cents.

The aim of this little volume, is to give a plain, concise and practical presentation of the treatment of Morphinism according to Erlenmeyer's teachings. One chapter is devoted to the cocaine treatment, the substitution of said drug being properly characterized by Erlenmeyer as the casting out of Satan by Belzebub.

Editorial.

AMERICAN MEDICAL ASSOCIATION. OFFICIAL REPORT OF THE FORTIETH ANNUAL MEETING.

The American Medical Association convened at Music Hall, Newport, Rhode Island, on June 25, 1889, at 11 A. M.

The Chairman of the Committee of Arrangements, Dr. H. R. Storer, called the meeting to order and introduced the Rev. Thatcher Thayer, D. D., who invoked the blessings of the Almighty upon the Assembly. Dr. Storer then announced the programme of the entire session and the location of the halls for Sections.

The President, Dr. W. W. Dawson, Ohio; Vice-Presidents, Drs. W. L. Schenck, Kansas; Frank Woodbury, Penna., Henry O. Walker, Mich.; the Permanent Secretary, Dr. William B. Atkinson,

Penna. ; the Assistant Secretary, Dr. V. M. Francis, Rhode Island ; the Treasurer, Dr. Richard J. Dunglison, Penna., were present.

On motion, reading of the list of members registered was omitted.

Letters of regret from several members of the United States Cabinet and others were read by the Chairman of the Committee of Arrangements.

Invitations were read and accepted for the members to visit the various public buildings, Fort Adams, Fort Wolcott, the U. S. Naval Torpedo Station, the U. S. Naval Training School, the U. S. Life-Saving Station, the Historical Society's building, the Redwood Library, the Newport Hospital, etc.

His Excellency, Herbert W. Ladd, Governor of Rhode Island, welcomed the Association in a brief speech, and was followed by Dr. James H. Eldredge, an ex-President of the State Medical Society of Rhode Island.

The deaths of Dr. F. H. Rehwinkle, Chairman of the Section of Dental and Oral Surgery, and of Dr. J. B. Hunter, of New York, were announced.

On motion, all the the physicians of Newport not otherwise entitled to be present were made members by invitation.

Reference having been made to the failure to obtain reduced rates on the railroads, on motion of Dr. J. C. Culbertson, the subject was referred to a special Committee consisting of Drs. Culbertson, W. L. Schenck and J. H. Musser.

The address of the President, Dr. W. W. Dawson, was read by Dr. J. A. Larrabee, of Ky., as Dr. Dawson was suffering from an affection of his eye.

Vice-President Dr. W. L. Schenck occupied the Chair.

On motion of Dr. W. Brodie, of Mich., a vote of thanks was tendered to the President for his able and interesting address, and it was referred for publication.

On motion of Dr. A. L. Gihon, U. S. Navy, the President was requested to telegraph to the venerable Dr. D. Humphreys Storer, of Boston, an ex-President of the Association, a filial greeting and regret that he was absent from the meeting.

On motion, the Association adjourned until 10 A. M. on Wednesday.

SECOND DAY, JUNE 26.

The President called the meeting to order at 10 A. M.

Prayer was offered by Right Rev. Thomas M. Clark, the Episcopal Bishop of Rhode Island.

After some announcements by the Committee of Arrangements, the President announced that the Committee on Railroads would meet for a consultation and report on Thursday.

The Permanent Secretary read the names of the Nominating Committee, as follows:

Ark., P. O. Hooper; Col., J. W. Graham; Conn., J. A. Stokes; D. C., Dewitt C. Patterson; Ga., J. B. S. Holmes; Ill., J. S. Marshall; Ind., S. J. Cook; Ia., W. F. Peck; Kan., J. E. Minney; Ky., J. M. Mathews; La., J. L. Bland; Me., F. Hitchcock; Md., John Morris; Mass., E. H. Warren; Mich., W. Brodie; Minn., John H. Murphy; Mo., Isaac N. Love; Miss., J. D. Dabney; N. J., W. Perry Watson; N. H., L. G. Hill; N. Y., E. D. Ferguson; N. C., W. J. Jones; Neb., J. O. Carter; Ohio, W. S. Christopher; Penna., W. H. Parish; R. I., J. L. Collins; S. C., S. M. Orr; Tenn., G. C. Savage; Texas, A. Van Gasken; Va., L. Robinson; Vt., H. D. Holton; W. Va., ———; Wis., W. T. Galloway; U. S. Army, G. Smart; U. S. Navy, J. L. Neilson; U. S. Marine-Hospital Service, W. H. Long; Utah, J. F. Bascom; New Mexico, W. H. Ashley.

On motion, this Committee was instructed to meet immediately.

Dr. Wm. Pepper, of Penna., then delivered the address in Medicine.

Dr. A. L. Gihon, Chairman, read an appeal on behalf of the Rush Monument.

The Permanent Secretary read a reference from the Section on Gynecology, asking that the paper by Dr. Storer on "The Medals of Dr. Rush," be read before the General Session at this time. This was granted.

On motion of Dr. M. L. Herr, of Penna., it was agreed that one member of each County Medical Society in the Union be appointed to solicit funds for the monument. A recess was taken to permit the members to make their offerings to the fund, which resulted in the collection of \$264.50.

The amendments to the Constitution and By-Laws being in order a motion of Dr. A. Garcelon, of Maine, to postpone them until Thursday was negatived. The amendment to strike out the last clause of paragraph of Sec. 7, relating to individually affixing names to the Constitution and Regulations of this Association was adopted after a full explanation of its purport by Dr. N. S. Davis.

Vice-President Dr. F. Woodbury in the Chair.

Dr. Culbertson moved that the whole matter of the other amendments be referred to the Board of Trustees, with the Secretary.

On motion of Dr. J. B. Murdoch, Penna., this was laid on the table.

The next amendment proposing many changes in the Sections was taken up and Dr. N. S. Davis moved to postpone all except the first paragraph. After some further discussion, on motion of Dr. Larrabee to lay this on the table and indefinitely postpone, it was carried by a large majority. A motion to reconsider this action was, on motion of Dr. Gihon, laid on the table.

The amendment providing for a General Committee, or Council, was next considered. A motion by Dr. C. R. Earley, Penna., to indefinitely postpone the entire subject was lost. After much discussion by Drs. Davis, Larrabee, Murdoch, Scott, Vaughan, Millard, Connor, Quimby, Edw. Jackson and Baldy, the amendment was rejected.

The Permanent Secretary read the following communication from the Section on State Medicine :

Resolved, That the American Medical Association is of opinion that it is a duty devolving on all Nations to take measures to eradicate any plague centre from their territory, that the existence of such plague centres is a menace to all other Nations, and that our State Department be requested to take measures through proper diplomatic channels for the conveyance of this opinion to the Government deemed obnoxious to the opinion as herein expressed.

On motion the action was accepted.

On motion the Association adjourned until Thursday, at 10 A. M.

THIRD DAY, JUNE 27.

The President called the Association to order at 10 A. M. Prayer was made by Rev. Jas. Coyle, of Newport.

After announcements by the Committee, Sir James Grant, of Canada, and Dr. H. I. Bowditch, were invited to seats on the platform.

Dr. Grant responded to the invitation by a speech, in which he reviewed the valuable work done by the members of the profession in the United States.

Dr. P. O. Hooper, of the Board of Trustees, read their report, showing the work done in publishing *The Journal*, the property on hand, etc., and that *The Journal* was now free from debt.

REPORT OF THE TRUSTEES FOR THE PUBLISHING OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, FOR THE YEAR ENDING JUNE 30, 1889.

The Trustees of the American Medical Association for the publication of its Transactions in journal form, beg leave to make their annual report :

The Journal, as is well-known to the members, is now within a few

days of having completed its twelfth volume and sixth year of publication. The wisdom of the change from an annual volume containing simply its Transactions to that of a weekly issue embracing the papers read before the Association, and such other contributions of interest as its editor may select, is conspicuously apparent, and has the fullest indorsement of the Association.

It is observable that since the starting of *The Journal*, the attendance at the annual meetings have been better, and the dues from absent members have been more generally paid, and thereby our income increased from less than \$5,000 in 1883 to over \$15,000 in 1889. The report of the Treasurer will show in detail the financial condition of the Association which is that of *The Journal*. From the beginning of the enterprise it has been the desire of your Trustees, in addition to the publication of the Transactions of the Association, to produce a first-class medical journal. The plant, or means placed at the disposal of the Trustees, was at first very diminutive and tender, and had to be fostered with the greatest care and economy, that we might have a journal of any kind. The Trustees were ably assisted in this delicate and arduous duty by the zeal and ability of the editor—the father, patron and friend of this Association. He has received our thanks, and deserves your hearty commendation for the very valuable services he has given to its establishment.

From the small and uncertain resources available at the beginning, this journal has now attained a sound financial basis, and is to-day the equal, if not the best in the country, and with greater means at our disposal, and the services of a more complete corps of writers which can then be employed, we expect to place it in the front rank of medical periodicals.

The Journal of the American Medical Association is now honored and everywhere respected, and its location coveted by various cities, publishers and commercial interests.

It has won this high position by its just and independent course, having no enemies to punish or personal interests to serve. In its course it has been, is, and will continue to be loyal to the medical profession and the best interests of the American Medical Association.

From the report of the acting editor for the *Journal* year ending March 31, 1889, the Trustees make the following extracts which concisely presents the main facts:

Weekly and Total Circulation.—At this date March 31, 1889, the regular weekly circulation of *The Journal* is 4,633, of which 4,309 go

to members and subscribers, and 324 to exchanges, foreign and domestic, and advertisers. The total number printed each week is 5,000 copies, being 367 in excess of the number required for the regular mail and express lists. An average of 75 are lost by spoilage, as many more go for extra copies to contributors, leaving on file about 200 copies out of which to supply samples, and single copies to complete files of members, when called for. In addition to the regular weekly issues, an extra edition of about 20,000 copies was printed in April, 1888, and distributed as sample copies to members of the profession not previously receiving *The Journal*, which made the total number of copies of *The Journal* circulated during the year 275,000.

Receipts.—As all membership dues are paid to the Treasurer of the Association, only the money paid for subscriptions, advertisements, reprints, extra journals, etc., is received at the office of publication. From the sources just named there has been received at this office during the year ending March 31, 1889: From subscribers, \$2,182.53; from advertisements, \$9,731.60; for reprints, \$844.37; from sale of extra Journals, Codes of Ethics, and Volumes of Transactions, \$77.75; for rent of part of printing office, \$150; and for bindery work for outside parties, \$1,317.71; making a total of \$14,303.96, all of which has been paid to the Treasurer of the Association direct, or through the Treasurer of your Board.

Publication Expenses.—The total publication expenses for the year ending March 31, 1889, for office rent, materials and labor in printing office and bindery, are \$19, 808.65; from which should be deducted \$1,317.71 cash received for work done in the bindery for outside parties, and \$150 for storage use of part of printing office, leaving the actual publication expenses of *The Journal* for this year, \$18,340.94.

Under the head of *Editorial Expenses* are included the salary of the editor, payments for foreign and domestic correspondence, the reports of medical societies, lectures and papers, and for assistant editorial work. The total amount drawn from the Treasury on account of these items during the year ending March 31, 1889, is \$4,534.38; of which \$1,500 was paid to the editor for the first nine months of the year, \$353.33 for the month of January, 1889, and the remaining \$2,701.05 for the other items named. It is thus seen that the total current expenses on account of *The Journal*, both publication and editorial, for the year ending March 31, 1889, are \$22,875.32.

Expenditures on Account of Plant and Fixtures.—In accordance with the recommendation contained in my report for 1888, which were sanc-

tioned by your Board, \$320.33 was paid for new type, which enabled us to commence Volume XI, July 1, 1888, with an entire new typographical dress and a better quality of paper. To facilitate the work and economize the cost of folding, stitching, wrapping, etc., \$500 was paid for a wire stitching machine to complete the bindery part of the office.

Property on hand.—The present property belonging to the publication department may be stated as follows :

Printing office, type, fixtures, etc.....	\$1,477.94
Bindery.....	660.21
Business office—safes and furniture.....	186.75
	<hr/>
	\$2,818.90

There are stored in the printing office, at the request of the Treasurer of the Association, 1,149 volumes of the annual Transactions of the Association, issued during the years prior to the establishment of *The Journal*, of estimated value \$2,870. About 25 copies of volumes five and six, 75 copies of volumes seven and eight, and 150 copies of volume nine, ten and eleven of *The Journal*, remain on hand, and 3,000 copies of a cheap edition of the Code of Ethics.

The present status of *The Journal* in regard to the number of its pages, exclusive of advertisements, and the actual amount of reading matter, in comparison with the four principal weekly medical journals published in this country, is well shown in the table submitted, prepared by Mr. J. Harrison White, the business manager of our printing and publication office.

A special edition of *The Journal*, of 75,000 copies was issued in May, and one addressed to every physician in the United States and Canada. The expense of this edition was fully covered by the receipts from the advertisements obtained for this special number, and left a slight balance in the treasury. The good result of this enterprise is already apparent at the office of publication.

At the beginning of the year the number of pages of *The Journal* was increased from 32 to 36. This of course carried with it a considerable increase of expense, but we are glad to be able to state that we will close the year free from debt, and are now in possession of a better plant for producing an acceptable journal than at any former period.

All of which is respectfully submitted by the Board of Trustees: P. O. Hooper, Leartus Connor, E. M. Moore, J. M. Toner, W. T. Briggs, Jno. H. Hollister, A. Garcelon.

On motion the report was adopted.

The Permanent Secretary read the following from the American Social Science Association.

Resolved, That a committee of three be appointed by the President of this Association, to draw up a suitable resolution, indicative of the sense of this body, upon the necessity of a rigid demand on the part of our medical institutions for a more thorough general education antecedent to the study of medicine; suggesting the adoption of entrance examinations for those candidates not possessing a collegiate or university degree, and furthermore urging our medical colleges so to extend the course of study and increase their facilities that the standard of scholarship may be on a par with like institutions abroad.

Resolved, That the same committee draw a resolution which may be presented to the legislative bodies of the respective States, urging the necessity of formulating more stringent laws to guard against the further incorporation of bodies unqualified to properly teach the science of medicine, and to take such steps that all the incorporated medical colleges be subject to a State supervision as to their methods and the standard of instruction.

Resolved, That a copy of these resolutions be presented to the American Medical Association.

On motion of Dr. F. Woodbury the communication was accepted.

Dr. P. S. Conner, Ohio, read the address in Surgery.

On motion of Dr. Brodie thanks were offered Dr. Conner for his address, and it was referred for publication.

The Permanent Secretary read the

REPORT OF THE TREASURER.

I have the honor to report, as Treasurer, that there is a balance in the Treasury of the Association at this date of \$2,845.65, as shown by the itemized statement which will accompany this report, and be published at length in *The Journal* of the Association for the information of members.

There is nothing of special interest to report at this time in connection with the financial relations of the Association, except the statement, which must forcibly address itself to all who have at heart the onward progress of the Association, that the Treasury has never yet, since the establishment of *The Journal*; or, indeed, at any time during the twelve years in which I have had the honor to occupy the position of Treasurer, failed to respond to all authorized and legitimate demands upon it for the interest and advancement of the Association and the maintenance of its now well established journal.

All of which is respectfully submitted.

RICHARD J. DUNGLISON, *Treasurer*.

The undersigned, Auditing Committee of the American Medical Association, beg leave to report that they have attended to the duty de

volving upon them, and after close inspection of the bills for the publication of *The Journal* of the Association and other expenses pertaining thereto, find that there has been paid into the Treasury of the Association during the year ending June 26, current, the sum of \$33,798.64, and that there has been expended the sum of \$30,952.99, leaving an unexpended balance of \$2,845.65, and that for these expenditures the Treasurer holds bills duly authorized and receipted.

ALONZO GARCELON,

W. T. BRIGGS,

Com. for Auditing Accounts.

On motion these were accepted.

The venerable George Bancroft, the historian, having entered on the stage, he was presented to the members, who arose to receive him.

Dr. P. O. Hooper, from the Committee on Nominations, read the following:

REPORT OF THE COMMITTEE ON NOMINATIONS.

To the President and Members of the American Medical Association:

Your Committee on Nominations have the honor to report that they met yesterday and organized by the selection of Dr. P. O. Hooper, of Arkansas, as Chairman, and Dr. Henry D. Holton, of Vermont, as Secretary. After mature deliberation, they by ballot proceeded to the nomination of the following officers for the ensuing year:

For President—E. M. Moore, of New York.

First Vice-President—J. W. Jackson, of Missouri.

Second Vice-President—H. H. Kimball, of Minnesota.

Third Vice-President—J. H. Warren, of Massachusetts.

Fourth Vice-President—T. B. Evans, of Maryland.

Treasurer—Richard J. Duglison, of Pennsylvania.

Permanent Secretary—William B. Atkinson, of Pennsylvania.

Librarian—C. H. A. Kleinschmidt, of District of Columbia.

To fill vacancies in Judicial Council caused by expiration of their terms of office—N. S. Davis, Illinois; H. Brown, Kentucky; Wm. Brodie, Michigan; R. C. Moore, Nebraska; G. B. Gillespie, Tennessee; T. A. Foster, Maine; J. B. S. Holmes, Georgia.

To fill vacancies in Board of Trustees of Journal—P. O. Hooper, Arkansas; Alonzo Garcelon, Maine; Isaac N. Love, Missouri. For the unexpired term of E. M. Moore—W. W. Dawson, Ohio.

To deliver the address on *General Medicine*—N. S. Davis, Illinois.

To deliver the address on *General Surgery*—Hunter McGuire, Virginia.

To deliver the address on *State Medicine*—Alfred L. Carroll, New York.

For Members of the Committee on State Medicine—Alabama, Jerome Cochrane; Arkansas, Edwin Bentley; California, G. C. Tyrrell; Colorado, J. Wood; Connecticut, J. C. Kenny; Dakota, F. P. Kenyon; District of Columbia, D. W. Prentiss; Delaware, L. Bush; Florida, J. Y. Porter; Georgia, J. P. Logan; Illinois, J. H. Rauch; Indiana, F. W. Beard; Iowa, A. B. Bowen; Kansas, W. L. Schenck; Kentucky, J. N. McCormack; Louisiana, J. J. Bland; Maine, T. J. Foster; Maryland, T. A. Ashby; Massachusetts, H. P. Walcott; Michigan, H. B. Baker; Mississippi, Wirt Johnson; Missouri, H. H. Mudd; Minnesota, Perry H. Millard; North Carolina, T. F. Wood; Nebraska, J. O. Carter; New Jersey, I. N. Quimby; New York, T. M. Flandrau; New Hampshire, D. S. Adams; Ohio, C. G. Comegys; Oregon, W. D. Baker; Pennsylvania, W. T. Bishop; Rhode Island, H. R. Storer; New Mexico, F. H. Atkins; South Carolina, H. T. Horlbeck; Tennessee, J. Berrien Lindsley; Texas, J. Sears; Vermont, D. F. Rugg; W. Virginia, G. W. Baird; Virginia, — Ashton; Wisconsin, J. T. Reeve; Utah, F. S. Bascomb; U. S. Navy, W. D. Wolverton; U. S. Army, F. C. Ainsworth; U. S. Marine-Hospital Service, J. A. Kinyoun.

Committee on Necrology—Alabama, G. E. Ketchum; Arkansas, L. P. Gibson; California, R. H. Plummer; Dakota, F. M. Crain; Connecticut, W. G. Brownson; District of Columbia, A. N. Acker; Florida, Neal Mitchell; Georgia, P. R. Courtleroy; Illinois, D. W. Graham; Indiana, J. F. Hubbard; Iowa, J. B. Ingals; Kansas, Chas. Gardner; Kentucky, H. M. Skillman; Louisiana, J. R. Matas; Maine, A. J. Fuller; Maryland, F. S. Latimer; Massachusetts, G. M. Garland; Michigan, G. E. Ranney; Mississippi, — Trimble; Missouri, J. E. Kefft; Minnesota, W. W. Mayo; New Mexico, W. R. Tipton; Nebraska, — Galbreth; New Jersey, J. D. Hough; New York, John W. Brown; New Hampshire, J. W. Parsons; Ohio, S. P. Deahofer; Oregon, — Shackelford; Pennsylvania, J. B. Walker; Tennessee, J. B. Murphy; Texas, W. Park; Vermont, E. R. Campbell; Virginia, M. L. James; W. Virginia, W. L. Wilson; Wisconsin, — Mackie; U. S. Navy, W. T. Hord; U. S. Army, J. R. Smith; U. S. Marine-Hospital Service, Fairfax Irwin.

Committee to appoint Alternates in case any vacancies occur in the number selected to give a General Address—Wm. Brodie, J. H. Murphy, J. T. Morris.

Your Committee name as the place of next meeting Nashville, Tenn., and the time of meeting as the third Tuesday of May, 1890.

Chairman of Committee of Arrangements—W. T. Briggs.

Assistant Secretary—G. C. Savage, Nashville.

(Signed)

P. O. HOOPER, Pres.

HENRY D. HOLTON, Sec.

On motion, the report was unanimously adopted and these officers were elected for 1890.

Dr. Culbertson, from the special committee on transportation of members to the sessions of the Association, reported a resolution making it the duty of the Permanent Secretary to secure from all railroads or other means of travel the lowest passenger rates for the sessions of the Association.

After discussion this was adopted.

On motion of Dr. Frank Woodbury the following preambles and resolutions were unanimously adopted:

WHEREAS, It is of the utmost importance that the people of this country should enjoy the same advantages from the advances in materia medica, chemistry and pharmacy that are possessed by the people of Europe and other favored nations, and

WHEREAS, The patent laws of the United States appear to be so construed as to protect the foreign manufacturers and purveyors of chemical products, and to discriminate against domestic manufacturers by creating monopolies in the supply of certain new and valuable drugs; therefore be it

Resolved, That the American Medical Association hereby most respectfully petition the Congress of the United States to instruct the appropriate committees to investigate this subject, to take testimony of any such discrimination, to compare the legislation on this subject of the leading Governments of Europe and the practical workings of our own laws upon copyright, trade-mark, and any other protection afforded to foreign manufacturers of drugs in frequent use or to be used in the treatment of the sick, and to report such action as it may deem advisable to correct any abuses or injustice to American citizens, if they find such abuse or injustice really exists.

The following was offered by the Section on Ophthalmology.

Resolved, That the Ophthalmological Section respectfully desires the Association to authorize this Section to use what influence it can command to induce the Census Committee of the United States for 1890 to extend the tables relative to the blind and to tabulate to the greatest extent possible the causes of blindness.

On motion this was adopted.

The Section on State Medicine offered the following:

This Section has adopted the following report of the Committee on Uniform Medical Legislation in the United States, and recommend

that it be adopted, and that the Secretary of the Association transmit a copy of the report to the Secretary of each State Medical Society, with the recommendation that each Society exert itself to secure the enactment of a law embodying the provisions of the report.

Gentlemen of the Section on State Medicine :

Your Committee on Uniform Legislation have the honor to submit the following .

That, in our judgment, the best interests of the public will be subserved by the enactment of efficient medical legislation in every State in the Union.

That for the convenience of the profession and the stimulating effect on medical education in this country it is advisable to secure uniformity of legislation in the essential features of all Medical Practice Acts.

This Committee, therefore, begs to recommend as follows—that in future medical legislation the essential features of the enactment be as follows :

That all persons commencing the practice of medicine in any of its branches shall possess a license from the State Board of Medical Examiners.

That all candidates for a license shall submit satisfactory documentary evidence that he or she is a graduate in medicine of a medical institution in good standing with the said Board, and having a curriculum possessing at least the following requirements :

First.—An entrance examination to test the student's fitness to become a practitioner. This examination shall include at least an examination in English grammar, composition, geography, history, arithmetic, algebra, physics, and the natural sciences; together with at least one of the following languages: Latin, French or German, provided, however, that graduates of reputable colleges may be exempt from said examination.

Second.—Before granting a degree of M.D. or M.B., candidates for same shall have attended at least three full and regular courses of medicine of not less than six months' duration each.

All candidates for a license shall undergo an examination by the said Board of Medical Examiners upon the branches usually taught in medical colleges. Said examination shall be both scientific and practical, but of sufficient severity to test the candidate's fitness to practice medicine and surgery.

Said Board of Medical Examiners shall issue a license to only such persons undergoing an examination as may be deemed suitable persons

to practice medicine. Said Board may refuse or revoke a license for the following named causes, to-wit: chronic and persistent inebriety, criminal abortion, or gross unprofessional conduct.

All licenses shall be recorded and made a matter of public record with the County Clerk, or Clerk of District Court, in the county wherein resides said person.

Said Board of Medical Examiners shall be appointed by the Governor, for a period not exceeding five years, the members thereof to be chosen from among the reputable practitioners of medicine of the State of not less than five years' residence.

On motion, the report was adopted.

The same Section offered the following:

It is recommended by the Section on State Medicine that the Committee on Collective Investigation of Disease, at present included in the Standing Committee on Meteorology, be discharged, and that the Committee on Meteorology be continued, with the direction to report to the Section on State Medicine at the next annual meeting of the Association.

On motion, this was adopted.

Dr. Frank Woodbury offered the following, which, on motion, was adopted:

WHEREAS, The American Pharmaceutical Association has appointed a Committee of Conference and sent a delegation to this Association,

Resolved, That this Association extend a cordial greeting to the representatives of the American Pharmaceutical Association, and invites them to a seat on the platform, and

Resolved, That a Committee of Conference be appointed to meet the Committee of the American Pharmaceutical Association, for the consideration of subjects of mutual interest and benefit.

Resolved, That this Committee report on the second day of the annual meeting of this Association the result of their conference, with such recommendations as they may deem advisable in the premises.

The Permanent Secretary read the following.

Your Committee on Dietetics beg leave to report: The special topic referred for investigation has been entertained and partially discussed at this session, but not so fully as to warrant a report at this time that will completely satisfy all the requirements of the subject. We therefore report progress and ask that the Committee be continued.

(Signed)

E. A. Wood, *Chairman*.

The report was received and the Committee were continued.

Dr. A. L. Gihon offered the following amendment to the By-laws :

That the first day of the meeting of this Association shall be on the first Wednesday of May or June, respectively, instead of Tuesday.

Laid over until next meeting.

The Section on the Practice of Medicine offered a resolution, that the President appoint three delegates to attend the Convention to revise the Pharmacopœia, which meets in May, 1890. This was adopted.

The Association adjourned until Friday at 10 A. M.

FOURTH DAY, JUNE 28.

The President called the Association to order at 10 A. M.

Prayer was made by Rev. D. A. Jordan.

Dr. Storer in making the final announcements, took occasion to thank the Association for the many kindnesses they had shown the Committee.

The Permanent Secretary read the report of the Librarian, which will appear in a future issue of *The Journal*, with a recommendation that the usual appropriation of \$10 be made for the *Index Medicus*.

On motion of Dr. Davis the report was accepted and the appropriation was made.

The address on State Medicine was then delivered by Dr. W. H. Welch, of Maryland.

On motion of Dr. J. B. Hamilton the address was referred for publication, with thanks to the author for his very able, instructive and entertaining paper.

The President appointed as the committee to confer with the Social Science Association Drs. C. G. Comegys, Ohio; J. B. Hamilton, U. S. Marine-Hospital Service; and A. M. Owen, Maryland.

By request of the Section on State Medicine the Committee on Fœticide was discharged.

The President appointed as the committee to confer with the American Pharmaceutical Association: Drs. G. E. Frothingham, Mich.; J. C. Culbertson, Ohio; Frank Woodbury, Pa.; Isaac N. Love, Mo.; F. C. Shattuck, Mass.

As the delegates to the Convention for revision of the Pharmacopœia: Drs. H. A. Hare, Pa.; N. S. Davis, Jr., Ill.; Elmer Lee, Mo.

Dr. X. C. Scott, Ohio, offered an amendment to the By laws abolishing the Committee on State Medicine inasmuch as the Section on State Medicine occupies the entire ground.

This will lie over till next year.

On motion of Dr. N. S. Davis, the President was requested to appoint a committee to take charge of the procuring excursion rates, and to select the most feasible route to the Tenth International Medical Congress in Berlin. Committee: Drs. W. H. Pancoast, Pa.; J. B. Hamilton, D. C.; A. N. Bell, N. Y.; A. H. Beidler, Md.; N. S. Davis, Ill.

On motion of Dr. J. B. Hamilton, it was resolved that the American Medical Association hereby expresses its profound sympathy with the unfortunate citizens of the city of Johnstown, Pa. and vicinity; and especially with the members of our profession therein residing, and that as a mark of our sympathy the treasurer be instructed to remit the dues for the ensuing year of any member of this Association living in said place.

Dr. J. M. Toner, submitted his report as Chairman on the Committee on Necrology.

OFFICERS OF SECTIONS.

The Sections reported their officers as follows:

Practice of Medicine, etc.—J. H. Musser, Pa., Chairman; H. McColl, Mich., Secretary.

Surgery and Anatomy.—B. A. Watson, N. J., Chairman; J. B. Deaver, Pa., Secretary.

Obstetrics and Diseases of Women.—W. W. Potter, N. Y., Chairman; J. Hoffman, Pa., Secretary.

State Medicine.—John B. Hamilton, D. C., Chairman; F. S. Bascum, Utah, Secretary.

Ophthalmology.—S. C. Ayres, Ohio, Chairman; E. J. Gardner, Ill., Secretary.

Laryngology and Otology.—John O. Roe, N. Y., Chairman; Frank H. Potter, N. Y., Secretary.

Diseases of Children.—Isaac N. Love, Mo., Chairman; E. F. Brush, N. Y., Secretary.

Medical Jurisprudence.—T. B. Evans, Md., Chairman; L. Crothers, Ct., Secretary.

Dermatology and Syphilography.—I. E. Atkinson, Md., Chairman; W. T. Corlett, Ohio, Secretary.

Oral and Dental Surgery.—J. L. Williams, Mass., Chairman; E. S. Talbot, Ill., Secretary.

W. B. ATKINSON, M.D., Secretary.

Dear Sir:—It is with great regret that I am compelled to decline the office of Chairman to the Section of Dermatology and Syphilography to which I have been elected. Deeply grateful for the high honor paid me by the Section, I remain, your very obedient servant,

June 27, 1889.

I. E. ATKINSON.

Several Sections reported their minutes and papers, which were referred to the Trustees for publication.

On motion of Dr. W. L. Schenck, an appropriate vote of thanks was tendered to citizens and organizations of Newport.

Dr. W. H. Pancoast offered a vote of thanks to Sir James Grant, M.D., of Canada, for his admirable address and desire to express our pleasure in having him with us. We will always welcome cordially our British Medical Brethren.

This was carried by a rising vote.

Sir James Grant replied to the sentiment.

The President elect having been called away, his installation was necessarily postponed.

President Dawson then arose and declared the Association adjourned to meet in Nashville, the third Tuesday in May, 1890.

W. B. ATKINSON, *Permanent Secretary.*

MENTAL INFLUENCE ON THE FŒTUS IN UTERO.

One of the physicians of this city, a member of local, state and national regular medical organizations, (God save the mark), made the following statement to a gentleman of this city in the early part of July.

"Mr. N." he said, "I have just had one of the highest compliments of my life paid me. I have been the medical adviser of a lady on — street, for a number of years, attending her in several confinements. While she is quite a healthy woman, she is of a nervous and impressionable temperament. I was notified a short time ago that she was again in an interesting condition, and from a thorough and careful investigation, was satisfied that her term would be completed between the first and middle of August."

"I called on her the other day, and informed her that I was going to take a little vacation and would be absent from the city between six weeks and two months. As a matter of course she objected, and stated that she had duly notified me of her expected confinement and could not possibly get along without me.

"I replied, that the heavy practice I had been engaged in amply justified me in a brief rest, and that in justice to myself, I thought that I was entitled to it and had made all my arrangements. Furthermore, that she need not be at all uneasy, as I had made arrangements with one of the best physicians in the city too look after my business in my absence, and that she would be perfectly safe in his hands."

"She still urged positively her objection to my leaving before her confinement, repeating time and again that she could not get along without me. 'In fact' she said, 'I have felt labor pains while talking to you.' At which I laughed, and said that it was hardly possible, as her time was not up."

"She fully agreed to this, but said that her anxiety to have me attend her had made such an impression on her, that she believed that labor would come on then and there.

"Seeing that she was so earnest and positive about the matter I made an examination, and to my astonishment and surprise, I found that the mouth of the womb had begun to dilate and that really labor had commenced. Well, to make a long story short, after a few hours of the proper and necessary attention she was delivered of a healthy, well-developed child, the only thing out of the usual order being, that it to all appearances, lacked about one month of completing the usual nine months of uterine development."

Moral—"He that bloweth not his own horn, the same will not be tooted." vide : Code of Medical Ethics, "Of the duties of physicians to each other and to the profession at large. Art. 1, Sec. 3."

MEDICAL DEPARTMENT OF THE UNIVERSITY OF TENNESSEE—NASHVILLE MEDICAL COLLEGE.

We have received the fifteenth annual announcement of this thorough and progressive medical School. Its last class embraced 209 matriculates and 61 graduates. Since its last session several changes and some additions have been made to its already excellent professorial corps. Prof. Paul F. Eve has been transferred to the new Chair of Principles of Surgery and Operative and Clinical Surgery; Prof. W. E. McCampbell has been transferred to the Chair of General, Descriptive and Surgical Anatomy; Prof. John H. Blanks joins Prof. Cain on Theory and Practice of Medicine; Prof. J. Berrien Lindsley has the Chair of Medical Chemistry and State Medicine; Prof. John A. Witherspoon that of Physiology; Prof. Haley P. Cartwright, Physical Diagnosis; Prof. Charles Mitchell, Microscopy; and Prof. Robt. N. Kittrell, Dermatology. Prof. W. F. Glenn still occupies the Chair of Venereal Diseases.

The Faculty has exclusive control of the *clinical facilities* of the City Hospital. Two of the graduates of last session being the interns.

Send to Prof. Duncan Eve, M.D., Cor. Church and Vine Street, Nashville, Tenn., for catalogue and full particulars in regard to their next session.

THE AMERICAN RHINOLOGICAL ASSOCIATION.

Will hold its Seventh Annual Meeting at Chicago, Ill., October 9, 10 and 11, 1889.

The committee on the examination of the inmates of Insane Asylums, will make its report on the "Relation of Rhinal Inflammations to Mind Affections at this session.

DR. R. S. KNODE, *Secretary and Treasurer*,
Omaha, Neb.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The date of the meeting of this Association to be held at Evansville, Ind., has been changed to September 10, 11 and 12, 1889. Our readers will please bear it in mind. All who can possibly attend should do so, as a most satisfactory and interesting meeting is assured.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

CONTENTS FOR AUGUST, 1889.

ORIGINAL COMMUNICATIONS:—

Popular Progress in State Medicine, by J. Berrien Lindsley, M. D.	323
Man's Chapter in Nature's Book, by Jas. E. Dedman, A. B.	332
Case of Snake Bite—Copperhead, by J. G. Gentry, M. D.	337

CORRESPONDENCE:—

Philadelphia Correspondence.	339
--------------------------------------	-----

SELECTIONS:—

Deep Urethral Strictures	342
Injection Brou—Thirsts in Infants—Selected Items	345

EDITORIAL, REVIEWS, ETC:—

Book Notices	346
American Medical Association	349
Mental Influence on the Fœtus in Utero.	364
Medical Department of the University of Tennessee, Nashville Medical College	365
The American Rhinological Association	366
The Mississippi Valley Medical Association	366

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,
DEVOTED TO MEDICINE AND SURGERY.

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - - Editor and Proprietor.

Vol. 11. NASHVILLE, SEPTEMBER, 1889. No. 9.

Original Communications.

PESSARIES.

BY J. B. W. NOWLIN, M.D., NASHVILLE, TENN.

The history of pessaries is coeval with the history of medicine itself. Going back so far in the dim vista of the centuries that we have no account of their first invention and employment by the ancients, they certainly long antedate the days of Hippocrates, for in his treatise, he is profuse in his directions for the "confection" and use of a great many varieties of these instruments; and it is said that some of the varieties used by him are still in existence.

The employment of pessaries by the ancients seems to have been more with a view to their medical and therapeutical than sustaining action, for we learn that they were invariably medicated, and we read in Hippocrates that some were made to "cause a woman to conceive, and some not to conceive." The good old man of Cos preferred tying a woman's heels up to a tester to secure re-position of a displaced womb, to the action of a pessary.

A still more novel procedure for the replacement of a prolapsed womb is related by an old Arabian physician, one Avenzoar, who advise that the woman be laid upon her back in the bed, held firmly down by several persons sitting upon her, that then a mouse, lizard or frog be thrown upon her legs, and that in the frantic efforts of the woman to escape the reptile, re-position will be effected.

The earth and the sea have been ransacked for material out of which to construct these instruments, gold, silver, lead, ivory, gutta percha, the various woods, sponges, corals, the pulverized bark of woods, etc., etc. Not less various have been the forms of these instruments; some spherical, some flat, angular, and all the grotesque forms which human ingenuity could invent, and it may be remarked that all these forms have been the outcome of efforts to secure more perfect adaptation, or a fanciful formation adapted to each peculiar displacement.

Probably no surgical appliance has received such abuse and laudation, as the pessary, and notwithstanding its great antiquity and its almost universal employment, it has in my estimation proved a magnificent failure in accomplishing the ends sought by its employment.

Dr. H. Pauley, the editor of Lisfranc's clinical lectures delivered in 1835, at Hospital La Pitie, says: "During the whole time I observed his practice, I never knew an instance of his employing a pessary as a means of cure." Lisfranc very properly considered displacements as mere symptoms of engorgement, and attributed the facts that few cures occurred to practitioners treating them as essential diseases. He says, "among the thousands of women whom I have touched, I have never found displacement without engorgement. The latter affection is therefore the object of treatment, and when the engorgement has been resolved by the means indicated, the uterus nearly or quite returns, unless the displacement be very considerable, to its normal position."

Again he says, "I have hitherto never failed to effect a cure without maintaining the uterus in place by mechanical means." He suggests that pessaries are sometimes employed as resolvers

by the pressure they produce, but reminds us that unless assiduously watched the irritation produced in the vagina may more than compensate the advantage derived. Speaking of pessaries constructed of material so soft that they swell after application, he says: "They then aggravate the symptoms and often-times become insupportable, and even when free from this objection ninety-five women out of a hundred under ordinary circumstances are so inconvenienced by them as to be obliged to abandon their use."

Again he says, "resolution of the engorgement is the first object of the treatment, and if the uterine displacement persist after it is effected, a pessary may be tried in those cases in which its use can be tolerated."

Gardien suggests replacing the prolapsed organ by means of the fingers, confining the woman to the horizontal position, and after all fear of inflammation has passed, to throw up cold astringent injections into the vagina. He objects to the use of pessaries until every other means have been tried, and entertains many apprehensions of the deleterious action of these instruments.

To the opinion of such eminent authorities as the above, we should not fail to attach much importance.

I take the ground, and boldly assert that the use of the pessary has been productive of much more harm than good, and that its use has in every age, been based upon a false assumption of the physiological functions performed by the ligaments of the womb in sustaining that organ in situ, or in the prevention of prolapsus. It is a well known fact as now recognized, that these ligaments afford but little, if any, support to the uterus, until the procident organ has reached the vulva, and that the principal office they perform is in supporting the womb from anterior, posterior, and lateral displacements.

The perineum may be assumed to be the base of support to the womb; next we have the vaginal columnæ and elasticity of the vaginal walls, in the sub-mucous areola tissue. Arriving in the pelvis, the womb derives support from its attachment to contiguous organs by means of the peritoneal fold, known as the recto and vesico-uterine ligaments. The physiological functions

of the womb demand that it should have great mobility, and between the two opposing forces of the perineum below, and the diaphragm above, it is in a continued condition of change as respects its position in the pelvis. Under these circumstances, it is a well known fact, that a certain amount of procidentia exists in many women without causing any inconvenience.

We usually recognize three prominent causes for prolapsus of the womb, namely: Weakening of its natural supports, pressure from above, and finally engorgement and increased weight in the womb itself, which may be said to be an almost never failing accompaniment of procidentia in the young. If from disease or malpractice the womb becomes engorged, and if retroversion exists, the descent of the organ becomes easy by a thinning out and consequent weakening of the vaginal walls.

Pressure from above may occur from various causes such as the existence of tumors, the spasmodic action of the diaphragm acting through the medium of the abdominal organs, the wearing of tight clothing, such as corsets, displacing the abdominal viscera and pressing the womb downward.

Probably the most frequent of all causes of procidentia are lacerations of the cervix consequent upon labor. When this is the case, it will readily be seen that the irritation kept up will be sufficient to prevent involution.

If in this condition there is retroversion, the procidentia may become complete, or if anteverted the neck will lie upon the floor of the pelvis with the fundus behind the symphysis; in either case increasing the irritation and consequent hypertrophy. There are few cases of procident womb in which there is not a greater or less amount of irritation and engorgement. The merest tyro should recognize the fact that the use of a pessary to hold up the hypertrophied and swollen organ by the irritation caused by contact and pressure will still further aggravate these conditions. All advocates for the use of pessaries insist that two things are absolutely imperative precedent to any prospects of success, namely; accuracy of fit, and skillful application. It is evident that neither of these is attainable, for probably no two vaginas ever had the same conformation, differing as much in this respect

as the facial features of the individuals. Furthermore these vaginas are subject to ever varying calibre, due it may be to pressure, or various discharges affecting the tenacity of the mucous membrane and submucous tissues. Thus it will be seen that even could a perfectly fitting pessary be applied, it would cease to be such in a very short time, for the very pressure necessary to hold it in position and maintain the uterus in situ would necessarily dilate the vaginal walls, necessitating the frequent application of instruments increasing in size until finally the paralyzed nervous and atonic vaginal muscles would give way, dilatations of the canal take place, and the vagina cease to give any support whatever to the engorged uterus. If a pessary could be so constructed and applied as to support the womb without irritating it, and at the same time not exert a damaging pressure upon contiguous tissues, then I would be an enthusiastic advocate for its use, but such is impossible of accomplishment, and this very pressure by damming up the circulation keeps up the congestion and inflammation due to engorgement. Now if it be a fact, as the advocates for the use of the pessary claim, that the instrument will do more harm than good unless perfect fit and accurate adaptation is secured, and that these two conditions are absolutely unattainable, the use of the pessary would seem to be of a very questionable character.

Dr. Annan, of Baltimore, speaking of pessaries, says: "Irritation is the inevitable consequence of the constant presence of a foreign body upon the delicate membrane lining the vagina, and in many instances it becomes insupportable, and the pessary has to be removed. Ulcerations have been produced in many cases, and a communication has been established between the vagina and the bowel, and the pessary has passed into the rectum. He says again, "It dilates the vagina and upon its removal the womb has a better opportunity to descend than before." Sir Charles Clark, reiterates the same. Prof. Bedford says, speaking of engorgement in a procident womb the result of an inflammatory action, "do you not therefore at once perceive the absurdity in a case of this kind of introducing a pessary? This instrument under the circumstances can exercise no curative effect, but will

tend to a general aggravation of all the morbid conditions. Its tendency is by pressure to produce ulceration," and he further states, that "he has no doubt that many cases of fatal disease result from the application of the pessary in conditions of extreme irritation and engorgement."

Old Father Meigs, though an enthusiastic advocate for the pessary, in what he terms favorable cases, says: "And if there be discharges and especially discharges of a bad color, away with a pernicious instrument which can only make the sick woman more ill, and bring into discredit a means of relief commended by the united voices of twenty centuries." And again, "if you apply the pessary in cases not suitable you will do mischief. There ought to be no inflammation either of the vagina or womb." And still again: "You ought not to adjust a pessary beneath a womb in which the os is inflamed or ulcerated." Now, I must confess that my experience bears me out in the assertion, that I have never seen a case of prolapsus in a practice extending over thirty years, when some of the conditions of extreme irritation, engorgement or ulceration, one or all did not exist; some in the case of the aged, in whom the womb had been long procident and atrophied by age. Churchill says: "A pessary may be applied when there is neither irritation, inflammation nor organic disease of the womb, or neighboring viscera." And again, "after the uterus has been replaced, you will find sometimes, that a great deal of pain and fever are produced, so that you begin to be alarmed lest abdominal inflammation should ensue. Now if these symptoms be considerable, you had better take away the pessary, and let the parts come down again." Churchill still further remarks, "when engorgement exists or inflammation or ulceration of the cervix, mechanical supports as pessaries, by the irritation they produce, cannot fail to do harm; whilst in cases of mere relaxation all such means are much more likely to produce pain, inflammation or leucorrhoea than to impart tone to the weakened tissue."

Thus we think we have proved by the advocates of pessaries themselves, that these instruments are inapplicable, where the conditions of irritation, engorgement, inflammation, and so called

ulceration exists, and as some of these conditions nearly always exist, in procident wombs, it follows that they are only applicable, and can do no harm in cases which do not require their use. Such as hysterical cases, in which they may be used as placebos.

From what we have already said, the element of pressure constitutes our great objection to the pessary, which by dilating the vaginal wall and destroying its tonicity, thus leaving it in a worse condition to support the prolapsed womb than before, together with the liability to produce engorgement by the arrest of circulation, and the consequent danger of ulcerations, vesico-vaginal or rectal fistulæ, etc., and they may be productive of injurious effects in other ways. Many forms of the instrument produce septic consequences by retaining in the vagina and uterus secretions, and by producing putrid vaginal discharges. They are also said to produce fungous and cancerous diseases of the mucous membrane of the parts. The literature of the profession is not wanting in cases where from some cause pessaries have been forgotten and retained in the vagina for years, become incrustated and produced and retained the most foul secretions. Columbat relates the case of the Baroness de Carl, supposed to be suffering with uterine cancer, and in whose case it was found that a pessary had been retained for thirty years. Meigs relates a case who suffered with utero-vaginal hemorrhage and stinking leucorrhœa. The trouble was ascertained to have originated from a pessary which had been forgotten and retained for ten years. Sponge is probably the most dangerous material for the fabrication of a pessary. It absorbs and retains every secretion, and by its immense dilatation inordinately distends the vaginal walls. Another well founded objection to the use of pessaries is to be found in the fact that they are very liable to induce irritation of the bladder, and produce constipation. I sum up the following as objections to the use of the instrument:

- 1st. They can only act as palliatives. If too small, they are expelled or cannot sustain the womb, and if too large, they exercise injurious pressure.

- 2nd. They keep up a continual irritation in the vagina, acting as a foreign substance, producing mucous, purulent and leucor-

rhæal discharges, laying the foundation for fungous or cancerous diseases.

3rd. Many forms of the instrument are liable to produce septic results.

4th. They produce undue and permanent dilatation of the vaginal walls by destroying the tonicity of the parts.

6th. If not frequently removed, they become filthy and irritating.

6th. They are liable to cause irritation of the bladder and constipation.

7th. Their application is often left to the laity.

8th. And finally by the obstruction which they offer to the circulation, they produce engorgement and it may be ulceration of the surrounding parts, extending even to the production of a vesico-vaginal or rectal fistula.

The objection to the so called abdominal supporters with a pessary attachment is of course the same, with the addition that the stem holding the pessary in position is very liable to get bent and throw the womb out of position.

Another objection to the abdominal uterine supporters is, that by the pressure upon the abdominal muscles, they tend to produce the very lesion they claim to cure. With such an apparatus pressure must be exerted. The action of the diaphragm would prevent upward pressure, consequently, the pressure would necessarily be downward impinging upon the pelvic viscera.

Correspondence.

TREATMENT OF SNAKE BITE.

DEERING J. ROBERTS, M.D., Editor and Proprietor of THE SOUTHERN PRACTITIONER.

MY DEAR DOCTOR:—Please find enclosed P. O. order for renewal of my subscription to your journal. "Well done thou good and faithful servant, in whom I am well pleased." Success to you. Have you nothing better for snake bite in Tennessee than

whisky? It is a good remedy, but permanganate of potash used hypodermatically, in my experience is better. I have treated more than one hundred cases in Texas, and have used whiskey, soda bicarb, spt. ammonia, turpentine, chloroform, and other remedies, but have found that potas. permanganas in one to two gr. doses hypodermatically, and chloroform, locally and by inhalation, are undoubtedly the most certain and successful remedies in bites of venomous reptiles, that I ever used. I have never seen a case treated with these two remedies result fatally.

Yours truly,

LAMPASAS, TEXAS, Aug, 7th, 1889. L. G. LINCUM, M.D.

STATE BOARD OF MEDICAL EXAMINERS.

TO THE EDITOR OF THE SOUTHERN PRACTITIONER:— I am pleased to notice in the July number of the *Memphis Medical Monthly*, a just criticism of Dr. T. J. Happel. His course in accepting, under the circumstances, the position on the State Board of Medical Examiners, is certainly most extraordinary and not ethical.

In the August number of the same Journal, Dr. Happel attempts to justify his course by a long winded article of explanation, which to say the least, is anything but satisfactory to the profession and the State Medical Society.

Neither the doctor or his friends, can ever explain "the ways that are dark and peculiar" as to how Dr. J. W. Penn, of Humboldt, was euchred out of membership on the Board. Every member in attendance at the last meeting of the State Society, is perfectly familiar with the action of the committee (of which Dr. Happel was a member), in recommending Dr. Penn, as alternate to Dr. Saunders, who refused to serve on the Board; and for this reason Dr. Penn, was just as much named by the Committee and the Society as were Drs. Murfree and Deaderick. Then too by vote of the Society, all vacancies were to be filled by Dr. Duncan Eve, the President. Was Dr. Happel ever

recommended by President Eve for appointment to the Governor? We think not.

From the above, and all that has been written on this subject, we would advise Dr. Happel to resign in Dr. Penn's favor, and thus avoid the State Medical Society from requesting his resignation at its next meeting in Memphis.

Aug. 19, 1889.

MEMBER STATE MEDICAL SOCIETY.

Selections.

OUR QUARANTINE SERVICE.—When a few years ago, Dr. Jos. Holt, the then President of our State Board of Health, instituted and put in successful operation his admirable system of maritime sanitation, he made a good stroke by inviting prominent sanitarians and others closely interested in excluding pestilence to examine his methods and see how they worked in practice. This movement, coupled with other acts of Dr. Holt, showed to the world that the suspicion of a policy of concealment of cases of infectious disease, and of Punic faith generally, was entirely unfounded. The inspecting party comprised official delegates from the Boards of Health of the Gulf States and Tennessee, representatives of the press and prominent business men. They saw the workings of the new order of thing and were pleased.

This idea of inviting gentlemen from neighboring States to examine our system has been carried out every year since Dr. Holt inaugurated it. Dr. Holt's system contained the germ of a mighty improvement in maritime sanitation.

The first machines and appliances, though carrying out his ideas, were, as he afterwards said, very clumsy. He soon modified them, each modification bringing in its train greater simplicity in operation and increased efficiency of action. In this good work he was ably assisted by Dr. Thos. J. Aby, the then quarantine physician. Every annual inspecting party that visited the quarantine stations of the lower Mississippi found that the busy minds of those in charge had not been idle during the preceding

year, but that every twelve months had contributed its share of progress. The last year has brought forth several important changes, which, while being merely elaborations of the system as Dr. Holt left it, are such as materially to enhance its value, and which reflect great credit upon the projector and designer, Dr. C. P. Wilkinson, the present President of the Board of Health.

Upon the invitation of Dr. Wilkinson an inspection party visited the station on June 1, 1889. Forty-four persons were in the party, in which were our Lieutenant-Governor (illness prevented Gov. Nicholls from accepting the invitation), Congressman Wilkinson, members of our State Legislature, well-known business men, and a large number of medical men. Dr. H. B. Horlbeck, Mr. H. T. McGee and Mr. B. A. Caufield, of the South Carolina Board of Health went with a view to inspecting the apparatus and erecting a similar one at Charleston.

The former quarantine station was located seventy miles below the city. When first built there were very few houses near it, but now the settlement is so thick that it would be extremely difficult to prevent communication between vessels at anchor and people on the shore. The station was accordingly abandoned, and another site, lower down selected. The present site is on the east bank of the river, a short distance above Cubitt's Gap. At this point the river is a mile and a quarter wide and about sixty feet deep. The part of the upper station that concerns us is the fumigating and disinfecting apparatus.

The vessel and its effects receive different treatment. The clothing, bedding, etc., are treated in three gigantic cylinders, each fifty feet long and eight feet in diameter. These are made of boiler iron; one end is fixed, while the other acts like a door, which may be removed at pleasure, and is so constructed as readily to be secured air-tight to the rest of the cylinder. This movable end weighs about a ton and is hung on a powerful crank or derrick. Each cylinder is covered with a thick layer of Russian felt, so that very little heat is lost by radiation. The clothing, bedding, etc., are hung on a connected series of wooden frames, the whole thing being suspended from a railroad track overhead. This track extends through the whole length of the boiler and

fifty feet out of it. The clothing is hung on the racks outside of the cylinder, and these are then pulled into it by machinery; the big door is closed and bolted and the heat is turned on. The heating is done by means of 120 coils of pipes lining the interior of the cylinder, and all being connected with a main supply-pipe running along the bottom of the cylinder. When steam is forced through these pipes a dry heat of 180 degrees F. is obtained in a short time. Then from a smaller pipe, perforated with capillary holes and lying on bottom of the cylinder, steam is forced into the cavity of the cylinder, and soon a moist heat of 225 degrees or 230 degrees is secured.

The moist heat is kept up for half an hour or longer, and the end of the cylinder is then swung open. The heat is so intense that the clothes dry almost explosively when removed from the cylinder. Not even the most delicate fabric is injured by this heating. These cylinders were introduced by Dr. Wilkinson. They succeed the patent Troy laundry drying-chambers.

The ship is washed off with a solution of bichloride of mercury, (1 to 1000). At the same time sulphur fumes are driven into all parts of the hold and cargo by a powerful reverberating fan, which drives the air over pans containing burning sulphur. In the old apparatus the air was drawn through the retorts. The present arrangement does more rapid work. The fumes are intensely hot at the moment of leaving the retort. In order to cool them they are passed through 217 feet of large tin pipe, coiled upon the upper deck of the boat. They are driven with such force that they reach the remotest corner of the hold of the vessel.

The time occupied by the whole process is now not more than three hours. During this brief period the largest ocean steamer can receive on the lower Mississippi more cleansing and disinfection than it can get in any other part of the world.

This is the treatment that a healthy vessel receives. If there be any yellow fever aboard, or even a suspicious case, the vigilant inspector at Port Eads, just within the mouth of the river, at once orders the vessel to the lower quarantine station, where ample hospital accommodations are provided for a considerable

number of patients. Then after all danger is over the vessel (which has already been well cleaned) is subject to the same treatment that a healthy one must undergo.

Every possible source of danger is provided against. The quarantine has been steadily improving for years, and now it has reached a state of efficiency and discipline upon which improvements can scarcely be made. But who can tell? The same thing was said before. Be that as it may, we feel sure that if any improvements make their appearance in other localities our home authorities will be prompt to use them and incorporate them in the system that now stands at the head of all quarantine systems. —*N. O. Med. and Surg. Journal.*

CHEST PERCUSSION DON'TS.—Don't percuss in a cold room, and always divest that part of the chest which you examine of all clothing.

Don't undertake to percuss without doing it thoroughly and methodically.

Don't forget that percussion, like all the other methods of physical diagnosis, is but a process by which you compare the resonance, or want of resonance, of one side with the other.

Don't use a hammer and pleximeter in preference to the middle fingers of both hands.

Don't fail to keep the nail of the percussing finger well trimmed.

Don't strike the chest as if you were cracking stones, or committing an assault on your patient.

Don't strike from the elbow, but only from the wrist or knuckle.

Don't strike slantingly, but always perpendicularly to the chest walls.

Don't vary the force of your blows.

Don't allow the hammer finger to remain on the pleximeter finger after the blow is delivered, but allow it to rebound like the hammer of a piano.

Don't disturb the relative position between your ear and the patient's chest more than you can possibly help; therefore always lay the pleximeter finger in such a direction that the dis-

tal end points outward and the central end toward the middle of the body.

Don't percuss over a rib, on one side, and over an inter-costal space, on the other.

Don't forget that the percussion pitch is nominally higher over the left than over the right apex.

Don't omit clavicular percussion.

Don't place too much confidence in a single abnormal physical sign.

Don't allow any voluntary muscular tension or stiffness of the patient's chest.

Don't allow the arms to be folded, but direct that they should hang loosely by the patient's side with a slight forward inclination.

Don't stand your patient against the wall, or let him lean against any object.

Don't fail to realize that percussion skill depends on constant practice.

Don't neglect to familiarize yourself thoroughly with such high and low-pitched sounds as those given out by precussing the head of the humerus, and the infra-scapular region in health ; and also with all the intermediate grades of sound found between these two points.

Don't confine your attention in your percussion practice simply to the human chest, but percuss anything suitable that may come in your way—a wooden table, desk, etc., furnish a variety of sounds for such practice.

Don't forget that occasionally pulmonary consolidation, when located in close proximity to a large bronchus, or to the hollow abdominal viscera, evinces a tympanitic percussion sound.

Don't fail, in cases of complete dulness or flatness at the base of the chest, to mark the upper limit of such dulness in front while the patient is standing ; then place him on his back, and ascertain whether the line of dulness changes.—*Thos. J. Mays, M.D., in Phila. Med. and Surg. Reporter.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

THE PREVENTION OF THE SPREAD OF CONSUMPTION.—The following rules to be observed for the prevention of the spread of consumption were approved last July 9th, by the Health Department of New York City, and ten thousand copies were ordered to be printed for public distribution.

Pulmonary tuberculosis (consumption) is directly communicated from one person to another. The germ of the disease exists in the expectoration of persons afflicted with it. The following extract from the report of the pathologists of the Health Department explains the means by which the disease may be transmitted:

"Tuberculosis is commonly produced in the lungs (which are the organs usually affected) by breathing air in which living germs are suspended as dust. The material which is coughed up, sometimes in large quantities, by persons suffering from consumption contains these germs often in enormous numbers.

This material when expectorated frequently lodges in places where it dries, as on the street, floors, carpets, handkerchiefs, etc. After drying in one way or another it is very apt to become pulverized and float in the air as dust."

By observing the following rules the danger of catching the disease will be reduced to a minimum :

1. Do not permit persons suspected to have consumption to spit on the floor or on cloths unless the latter be immediately burned. The spittle of persons suspected to have consumption should be caught in earthen or glass dishes containing the following solution : Corrosive sublimate, 1 part ; water, 1000 parts.

2. Do not sleep in a room occupied by a person suspected of having consumption. The living rooms of a consumptive patient should have as little furniture as practicable. Hangings should be especially avoided. The use of carpets, rugs, etc., ought always to be avoided.

3. Do not fail to wash thoroughly the eating utensils of a person suspected of having consumption, as soon after eating as possible, using boiling water for the purpose.

4. Do not mingle the unwashed clothing of consumptive patients with similar clothing of other persons.

5. Do not fail to catch the bowel discharges of consumptive

patients with diarrhoea in a vessel containing corrosive sublimate, 1 part, water, 1000 parts.

6. Do not fail to consult the family physician regarding the social relations of persons suffering from suspected consumption.

7. Do not permit mothers suspected of having consumption to nurse their off-spring.

8. Household pets (animals or birds) are quite susceptible to tuberculosis; therefore do not expose them to persons afflicted with consumption; also, do not keep, but destroy at once, all household pets suspected of having consumption, otherwise they may give it to human beings.

9. Do not fail to cleanse thoroughly the floors, walls, and ceilings of the living and sleeping-rooms of persons suffering from consumption at least once in two weeks.—*Med. News.*

THE PHARMACOPŒIA AND THE FLUID EXTRACTS.—The committee that shall revise the U. S. Pharmacopœia of 1890, will have an arduous task, for the great revolution in medicine in the last decade has not left untouched pharmacy and therapeutics. Scores of new drugs have been introduced, new chemical reactions have been tried and proven, new properties in drugs both chemical and physiological determined, and great therapeutic values discovered. All these our committee must weigh and judge. But, if we were to venture an opinion, we would say that in the maze of learning there is progression toward scientific pharmacy and physiological therapeutics. Both are essential to scientific medicine and must advance hand in hand.

The increasing knowledge of the action of drugs and the growth of physiological therapy has placed, when possible, the basis of dosage on the alkaloidal strength of drugs. This tendency was recognized and encouraged by the revisers of 1880, when they fixed an alkaloidal strength for opium, and now with another decade, the practice has grown so prodigiously that upon the revisers of 1890 will be imposed the duty of establishing not only an alkaloidal strength for all drugs containing active or medicinal alkaloids, but a standard strength for all of the fluid extracts.

With the present officinal fluid extracts there is a great uncertainty in their strength, which renders impossible the exact estimate of dosage for physiological effect. This grave defect arises from the present faulty and unscientific rule of their manufacture, namely ; the consideration of quantities rather than qualities. There is no proper tests of the strength of the drugs used and and the most meager and inaccurate direction for their manufacture, yet it has been assumed that the resulting fluid extract was sufficiently reliable to meet the demands of medical practice. Such unhappily is not the case and in this simple faith the profession are led to many undeserved disappointments.

What we most need, and urgently need, is that our fluid extracts should have a definite strength, based upon an alkaloidal or extractive strength. Preparations of this standard have been manufactured for some years by Parke, Davis & Co., of Detroit, Mich., under the name of "Normal Liquids" and present to the revisers a perfect model for imitation. With the normal liquids the dosage may be accurately estimated and with a just confidence that the strength is ever the same. With the officinal product this is impossible, for the strength of the drug used, varies from 25 to 100 per cent. and the product—the fluid extract—will show a proportionate variation. Physiological medication is inseparable from known and accurate dosage, and it remains with the revisers to decide where we shall have officinal preparations or which shall be reliable, staple and scientific.—*The Therapeutic Analyst.*

PER CENT. STRENGTH OF SOLUTION.—There appears to be some uncertainty and hesitation on the part of physicians as to the permissibility of making solutions of different percentages where one ingredient is solid, and to be weighed, while the medium in which it is exhibited is fluid, and to be measured. There is no reason why this difference in system should cause annoyance, as one is readily represented in figures of the other. A fluid ounce of water is equivalent to 456.7 troy grains, or approximate 457 troy grains. Therefore a pint is equivalent to 7.312 troy grains, or, dropping the last two figures, which are not important

as affecting the result, 7,300 grains. Given this number as the relation existing between the wine or ordinary pint and apothecaries' weight, it is easy to construct a solution of any strength. For instance, it is desired to make a solution of 1 part medicament to 1,000 parts of water. By dividing the number of grains in a pint by the strength of the solution desired, the quotient will be the weight of the medicament required ($7,300 \div 1,000 = 7.3$). But as .3 equals $\frac{3}{10}$ nearly, and a few physicians are provided with a weight of this size, $\frac{3}{10}$ can be substituted without materially altering the result. Hence we have $7\frac{3}{10}$ grains to one pint of water. The larger denominations (stronger solutions) are attained by multiplying the amount, and smaller (weaker solutions) by division.

As solutions containing varying percentages of cocaine or its salts have come into such general use, a few words as to their preparation may be admissible. Remembering there are 457 grains in one fluid ounce. ($457 \times .01 = 4.57$). From this number all higher strengths can be calculated, and, if fractions of an ounce are required, division of the ounce quantity by 8 (number of drams per ounce) will give the number of grains per dram of solution of that strength.—*Simon Flexner, Ph. G., M.D., in Am. Practitioner and News.*

TEMPERATURE IN DISEASE.—

Normal temperature is - - 98.4°

Feverishness varies from 99° to 100°

Slight fever " " 100° to 100°

Moderate fever " " 102° to 103°

High fever " " 103° to 105° (Imminent danger).

Intense fever " " 105° to 107° (Fatal issue).

The normal temperature of the body in adults is highest on awakening in the morning and lowest at midnight.

It is from 1° to 2° higher in children than in adults, and also lower in the evening than in the morning.

One degree rise in temperature corresponds with an increase of 10 beats of the pulse.

A patient who was well yesterday, but has a temperature to-day of 104° , indicates ague or ephemeral fever. If 106° it is some form of malarial fever, but *not typhoid*.

If on the first day the temperature rises to 105° – 106° , the fever is neither typhus nor typhoid.

In pneumonia if 101.7° , there is no exudation present; but if 104° to 106° , there is exudation and the attack is severe. Should there be consolidation at the *apex* of either or both lungs *delirium* will surely be present.

In measles, if the temperature is high when the *eruption has faded*, there are complications.

In typhoid fever, when on any *evening* the temperature does not exceed 103.5° , the case is mild. In the third week, if 104° morning and 105° evening *there is danger*.

In acute rheumatism, 104° forebodes danger or some complication, as pericardial inflammation.

In jaundice of a mild form, if the temperature *rises*, it indicates a pernicious change.

In puerperal females, increase of temperature shows *pelvic inflammation*.

In tuberculosis, an increased temperature shows advance in the disease or that complications are arising.

A fever temperature of 104 – 105° in any disease, indicates that the advance of the disease is not checked and that complications may still occur.

In relapsing fever the temperature rises quickly in first stage, 104 – 105° on second day, then fluctuates till the day before deservescence, when it attains the highest point 107° – 108° , from which point it sinks rapidly to 98° as the other symptoms subside. On the fourteenth day relapse occurs and the temperature rises to 104° or 105° or more, to descend as rapidly as before, when convalescence begins.

In continued fevers the temperature is generally less high in the morning than in the evening.

In typhus fever temperature falls towards night.

Stability of temperature from morning to evening is a good sign.

If a high temperature remains fixed or rises from evening to morning the patient is getting worse, but when it falls from evening to morning it is a sign of improvement.

Convalescence is established when the normal temperature 98.4° is maintained throughout the day and night.

Cancer lowers the temperature, also diabetes mellitus and injury of the spinal cord; but cancer of the *stomach* is attended with fever in the latter stages, and also in hepatic cancer when the peritoneum is involved.

Never give quina with a dry hot skin or opium with a contracted pupil.—*C. Coleman Benson, M. D., in Southern Clinic.*

THE THEORY OF SUPPURATION.—The bacteriological theory of suppuration as it is at present accepted will doubtless admit of many modifications before it can reasonably be held to be perfect. Future researches may demonstrate the relative unimportance of the micrococcus as a pus producing agent, and overthrow all the present theories, even as the theories of the past generation have been overthrown. Professor Paul Grawitz, of Griefswald (*"Archiv für pathologische Anatomie und Physiologie und für klinische Medicin,"* cxvi, 1), by proving the suppuration may be caused by the injection of irritating substances unaccompanied by any micrococcus or ptomaine, has perhaps taken a step in this direction. The experiments were performed mainly on dogs. With the most careful aseptic and antiseptic precautions, a certain quantity of oil of turpentine was injected subcutaneously, and the wound was closed with collodion. Over this a dressing was placed. A swelling with the external characteristics of an abscess was produced which, when opened, was found to contain a pus-like fluid smelling decidedly of turpentine and perfectly free from pus cocci.

This demonstration is interesting because it indicates a possible danger which may arise from the subcutaneous injection of irritant fluids even under the strictest aseptic precautions, but we do not see how it can have great weight regarding suppuration as it is commonly met with, because practically we do not find abscesses of this nature. It proves that substances exist, in addition to

the ptomaines of the micrococci, which, when introduced into the tissues will produce inflammation with the formation of pus, but it does not in the least intimate that the ptomaines do not usually occupy the position held by the turpentine in the experiments as exciters of suppuration.

Grawitz also calls attention to the fact that the resisting power of the tissues of different genera of animals to the action of a given micro-organism differs widely, and insists that more attention should be paid to this when deductions regarding suppuration in man are drawn from observations on the lower animals. His remarks would be much more apposite if the question were, "What is the action of a certain micro-organism on the tissues of man?" But this is not the question. If we grant what we say to be true, still the fact remains that in all animals the destructive process known as suppuration is found accompanied by some micrococcus. That the particular micro-organism differs in the different genera does not preclude the possibility of arriving at a very close approximation to the truth regarding the action of the micro-organism constantly present in human pus, by careful observations of the actions of the various micro-organisms that are constant in similar conditions in various genera of the lower animals. Still, analogy is not always a safe guide, and Professor Grawitz may be right in his caution. His work bears the mark of much labor, and, though his results are decidedly theoretical rather than practical, they are worthy of notice.—*New York Med. Journal.*

ON THE OPENING OF BUBOES.—The best method of opening a bubo is a matter of much greater importance than at first sight appears, and especially to the military surgeon, who has so many of them to treat. I believe that a very considerable reduction of his "constantly sick" would be the result of a procedure different from that which now prevails.

Surgeon-Major Adye-Curran, in a recent number of the *Journal*, has drawn attention to the advantages of aspiration *versus* free incision in the evacuation of suppurating buboes, and the method is, I am quite sure, a good one.

It is now some four-and-twenty years since I abandoned the free incision by which I was taught to open a bubo, a method of opening which is still very generally adopted, apparently orthodox, and perhaps, in civil life, necessary. For so many years have I invariably opened a bubo by a mere puncture with a narrow-bladed bistoury, and so very well satisfied have I been with the good results, that I shall continue the practice. By adopting this method that most odious spectacle, "an open bubo," is avoided as well as the reproach of a protracted cure; not in all cases by any means, for sinuses will form that must be opened up, and the consequence of neglect or a vitiated state of constitution must be dealt with.

It is necessary to observe that to obtain the best results a bubo should be opened at the proper time; not too soon before a sufficiency of morbid deposit has broken down, nor too late when the vitality of the tissues may have become impaired. The experienced operator chooses the right time, which is probably a few days after the presence of pus has been diagnosed. The small opening made by the bistoury will often be found closed the following day; it may be reopened by a blunt-pointed probe if necessary.

The puncture is much less painful than the free incision, and it of course has the advantage of leaving but a very small mark, while it has no disadvantage, as it can at any time be converted into as long an incision as may be thought necessary. I am quite certain that the opening of a bubo by a free incision, instead of by puncture, often extends the duration of a case from days to weeks, or from weeks to months. I hope, therefore, that those who condemn the free incision may have many followers, and that "open buboes" may be relegated to the opprobria of the past; at all events, so far as the deliberative action of the surgeon is concerned in their production.—*J. H. Boilbeau, British Medical Journal.*

OIL OF EUCALYPTUS IN HEADACHE.—The "*Medical News*" of July 20 has an article on the use of eucalyptus in headaches of various types, after other means had failed, recording a

measure of success that will induce many physicians to make a trial of this drug in rebellious cases. The authors of this article, Dr. Lorris J. Lewis, and G. E. de Schweinitz, of Philadelphia, report eight cases, all benefited, and refer to others treated by Dr. Weir Mitchell and Dr. Sinkler with satisfactory results. The dose given was five minims, from four to six times daily. In one case twenty minims were given as an attack was coming on, and, in the patient's opinion, prevented it. The best results were obtained in cases where the doses was taken early. The authors suspect that a malarial cause existed in some of their cases, and their first success was in a case of that nature, the drug being prescribed for malarial trouble rather than for the neuralgic symptoms. The "sudden and surprising improvement" in this instance led them to make further use of the drug, even in cases where there was no malarial history. Their impression is that it will be found that headaches of the congestive type will be the ones best suited to the use of eucalyptus. They did not succeed with the drug in one case where the attack was brought on by an indiscretion in diet, although the patient obtained relief at other times; and in one case of ciliary neuralgia failure is reported; also in two others where there was organic disease of abdominal viscera.—*N. Y. Med. Jour.*

CALCIUM CHLORIDE IN GRANULAR AFFECTIONS OF THE NECK.—Calcium chloride is an agent which was held in the highest esteem by the earlier practitioners of medicine, but is hardly recognized by therapeutic authors of the present day. Dr. S. Coghill, of the Royal National Hospital for consumptives at Ventnor, in a communication to the *Practitioner*, states that he has "again and again seen chronically indurated and enlarged glands, which absolutely amounted to deformity, and which had resisted all previous treatment, yield, even in adults, to the administration of this salt. In children and young persons, when the restlessness, the breath fetid, the tongue foul and coated, I know of no remedy approaching it in value. The colliquative diarrhoea, which so often accompanied this condition, and above all, that

obstinate dysentery which is seen with hypertrophy in the mesenteric glands, yield to the solution of the chloride of calcium like a charm."

Dr. J. Mays writes in the *Archives of Pediatrics*: "I have used this agent for a number of years, both in private and public practice, and can fully endorse the strong views expressed by Dr. Coghill, especially so far as scrofulous affections of the neck are concerned. . . . Here the chloride of calcium acts admirably. It reduces the enlargement, promotes nutrition, and is generally more efficacious than any thing I have ever prescribed. Its resolvent power is equally marked in the glandular swellings of adults, although here it requires a longer time, and its action is facilitated by the simultaneous application of iodine."

This agent must not be mistaken for chloride of lime—the ordinary disinfecting powder—the composition of which is entirely different. By prescribing the granular calcium chloride this possible error will be avoided. The dose is from two to four grains for children, and from ten to twenty grains for adults. It can be given in milk or water, but the best vehicle for it is the syrup of sarsaparilla.—*N. Y. Medical Times*.

MEDICAL FEES; A CORRECT DECISION.—An interesting decision was recently given in a suit for payment for services brought by Dr. Lange of New York. Judge Brady, of the New York City Supreme Court, decided that, in an action by a surgeon for professional services, the plaintiff has a right to show that his standing in the profession is high as bearing upon the question of the measure of his compensation. The judge further said: "There is also evidence tending to establish a custom or rule of guidance as to the charges of physicians for services rendered, and which makes the amount dependent upon the means of the patient—his financial ability or condition. This is a benevolent practice which does not affect the abstract question of value, nor impose any legal obligation to adopt it, and cannot be said to be universal. Indeed there does not seem to be any standard by which, in the application of the rule, the amount to be paid can be ascertained.

Each case is under the special disposition of the surgeon or physician attending, and he is to decide as to the reduction to be made on account of the circumstances of his patient, and therefore, when the amount is in dispute, it follows that it is to be determined by proofs to be given on either side. The measure of compensation must be controlled more or less by ability in all the professions, and the service rendered by its responsibilities and success.—*Medical Standard.*

TRAUMATIC TETANUS CURED BY LARGE DOSES OF HYDROCHLORATE OF PILOCARPINE IN HYPODERMIC INJECTION.—Casati (*Gazz. degli Ospitali*) in the first case commenced treatment by giving chloral by intravenous injection. As the symptoms became aggravated all the contracted muscles were rubbed with belladonna ointment, three centigrammes of watery extract of opium every two hours, and a hypodermic injection of one centigramme of hydrochlorate of pilocarpine also every two hours. This treatment was continued for six days, all symptoms of tetanic contractions disappearing; the patient then became furiously delirious, and there was great diuresis. The delirium was attributed to the belladonna, and disappeared with paraldehyde. In the second case pilocarpine only was given, one centigramme in hypodermic injection every two hours. This was continued for eight days. The symptoms gradually disappeared, and the patient recovered. In the third case seventy centigrammes of pilocarpine were given in fifteen days. This case was a very severe one, but did well. Casati maintains that in all cases there is some solution of continuity to give access to the infective element of tetanus, and that this infective agent is identical in all forms of the disease.—*London Medical Recorder.*

SINGULAR CASE OF MULTIPLE LABOR AND ITS MANAGEMENT.—The patient was a robust laboring woman of thirty-eight. A year before she had given birth to a healthy child, although delivery had been by forceps. The birth of the first child of this second labor was accomplished by the natural forces, but as the

placenta did not follow, and the uterus still remained large, the presence of a second child was suspected. The abdomen was so thickly covered with fat that it was impossible to make out any thing by palpation. On passing the finger up the umbilical cord, which was firmly held above, a peculiar resistance was felt, which seemed to the writer like the surface of a knee. Carbolized douches were ordered twice daily. The state of inaction of the uterus continued for nine days. Then labor pains set in, but after a few hours complete inertia came on. A few minims of ergot was given with no decided effect. Forceps were then applied and a healthy child was delivered. There followed no sign whatever of activity. The placentæ were both adherent, and were extracted by the hand in the uterus. The patient suffered a mild type of septicæmia following this labor of nine days, but eventually made a safe recovery.—*R. Randolph Ball, M.D., in Medical Record, May 18, 1889.*

THE PREVENTION OF MAMMARY ABSCESS.—Miall says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms disappear in a few hours under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and, when solution is accomplished, the temperature of the fluid will be hardly too high for fomentation to be commenced with cloths dipped in the liquid. He applied them from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires more than three applications.—*Medical News.*

CAUSE OF ULCERATION OF THE DUODENUM IN EXTENSIVE BURNS OF THE SURFACE.—Dr. P. G. de Saussure of Charleston, S. C., writes in *Gaillard's Medical Journal* as follows: "What is the cause of ulceration of the duodenum in cases of burn? A burn shows an acid reaction; that is, the secretions from a burnt surface are acid—the urine is rendered intensely acid, the tears are acid, the sweat, the saliva and the vomit *intensely* acid. Now, into the duodenum opens the main duct of the pancreas through a small opening or trough, a duct common

to it and to the liver. The secretions should be *alkaline*, but I think they are acid in burns, and thus the products from the stomach are not neutralized, and we have, possibly a digestion of the mucus membrane of the duodenum, or it may be an ulceration from too much acidity. I thought of this three years ago, and acting on it, have since put my patients suffering from burns, of whom I have a great many, on alkalies, and have lost but one from the said ulceration.—*New Orleans Medical and Surgical Journal*.

THE TREATMENT OF SUNSTROKE.—Dr. Wm. F. Waughs contributes to *The Dietetic Gazette* the following: In true sunstroke we have succeeded best at the Medico-Chirurgical Hospital by giving antipyrin internally or by hypodermic, in doses up to 30 grains, and applying ice energetically externally, and in the rectum, until the temperature descended to the level of safety. The great majority of cases, however, are really of exhaustion due to heat and free drinking, with consequent perspiration and loss of salts. Small doses of brandy, ammonia, wine of coca, selecting a really efficient variety, and hot coffee are efficacious at first; followed by a hot bath, hot beef tea, quinine, or Huxham's tincture. The use of ice-water gives rise to unquenchable thirst. Free imbibition of fluids causes loss of appetite. An excellent beverage for Summer is thin oatmeal gruel, with salt, but no sugar, taken as hot as can be swallowed.—*The Journal of the American Medical Association*.

TURPENTINE IN POST PARTUM HEMORRHAGE.—“For some years,” writes a correspondent, “I have used spirits of turpentine in post-partum hemorrhage, and, in every case with the best results. When the ordinary means, *i.e.*, friction over the uterus, irritation of the uterus by introduction of the fingers, cold, hypodermic injections of ergotine, etc., failed, by saturating a piece of lint with the turpentine, and introducing it with my hand into the uterus and holding it against the walls, rapid contraction took place, and all hemorrhage instantly ceased. In one or two cases, when the patient was almost pulseless, it seemed to act as a stimulant. On no occasion did its action fail, nor did it cause

the slightest inconvenience, except in one, when the side of the patient's thigh was slightly blistered by some that came in contact with it, but it gave very little annoyance. I consider it to be much quicker and safer in its action than any other remedy; it does not cause any injurious result, and besides, it is much more easily applied. In country practice, getting hot water, or using injections often entails use of valuable time.—*Lancet*.

THE POSTAL LAWS makes it larceny to take a newspaper and refuse to pay for it. A newspaper in Illinois recently brought suit against 43 men who would not pay their subscriptions, and and obtained judgment in each for the full amount of the claim. Of, these 28 men made affidavit that they owned no more property than the law allowed them, thus preventing attachments. Then they, under decision of the Supreme Court, were arrested for petty larceny, and bound over in the sum of \$300 each. All but six gave bond, while six went to jail.—*Pharm. Record*.

CHILLING THE FEET AND ITS CONSEQUENCES.—Dr. Mundé says that to the imprudent act of getting out of bed without protecting the feet—one so commonly committed by women without thought of the consequences—may be traced many an attack of cellulitis brought on by the sudden though momentary exposure of the feet to cold. It has caused more diseases to women previously healthy than could result from any other single act of imprudence.—*Medical Standard*.

A CURE FOR DANDRUFF.—Dr. A. J. Harrison, of Bristol, recommends the following salve for dandruff;

Caustic potash.....	gr. viij.
Carbolic Acid.....	gr. xxiv.
Lanolin	
Cocoonut oil }	aa ʒiv.—M.

Rub into scalp morning and evening. A cure is usually effected in one to three months.—*Le Prog. Med*.

CHOREA CURED BY ANTIPYRIN.—Legroux (*Berl. kl. Woch.*) considers that antipyrin in doses of fifteen grains three times a day is the most effectual remedy in chorea. He thus cured six cases within a month. Grün (*Centrbl. für Nervenheilk.*, 148) and Lilienfeld (*Centrbl. für die med. Wissench.*, 1888, 748) also report on the good effect of this drug.—*London Med. Recorder*.

IDIOSYNCRASY FOR QUININE.—It sometimes happens that persons suffering from intermittent fevers cannot take quinine without it causing erythema, accompanied by severe itching; but if a solution of bromide of sodium, 1 in 40, be used, giving a desertspoonfull of it every two hours, quinine may be given with impunity.—*Times Register*.

GASTIC HEMORRHAGE.—The safest and most pleasant remedy for hæmatemesis is said to be water, drank hot as can be borne, in quantities of a half tumblerful to a tumblerful. No further hemorrhage occurs, and fragments of clots are vomited.—*Pittsburg Medical Review*.

Reviews and Book Notices

A TREATISE ON SURGERY, ITS PRINCIPLES AND PRACTICE. By T. HOLMES, M.A., Cantab, Consulting Surgeon to St. George's Hospital, Member Associe de la Soc. de Chir. de Paris. Fifth edition, edited by T. Pickering Pick, Surgeon to and Lecturer on Surgery at St. George's Hospital; Sr. Surgeon Victoria Hospital for Children; Member of the Court of Examiners Royal Coll. of Surgeons, Eng. 8 vo., pp. 1008 with 428 illustrations, Leather. Lea Brothers & Co., Publishers, Philadelphia, 1889. Price, Cloth, \$6.00; Leather, \$7.00.

In this edition the excellent general arrangement of the preceding edition remains unchanged, with the single exception of the Chapter on Diseases of the Eye, this branch of the Surgeon's art having been so greatly modified and extended by recent discoveries and developments, that it was deemed best to refer the reader to the many excellent treatises on Ophthalmic Surgery, rather than make this work too large and burdensome, as it would necessarily have been, in order to incorporate the many additions and alterations that are a marked feature of the other sections.

The chapters on Inflammation, Wounds and their treatment, Diseases of Bones and Joints, Abdominal Surgery and Intestinal

Obstruction, and Diseases of the Breast, contain many alterations and emendations in order to bring so valuable a work fully up with and abreast of all the recent developments in Surgical Pathology and Therapeutics. The portion of the chapter on antiseptics and antiseptic dressings, though brief, and not consisting of a mass of theories and speculations, is comprehensive, readily understood and devoted to accepted facts.

As a guide and text-book for the student, or as a reference work for the general practitioner, it will be found safe, satisfactory and reliable. Anyone following closely its teachings may rely on a reasonable degree of success in surgical procedures.

Our limited space precludes the possibility of our going into a very extended critical review of its subject matter, nor do we feel that this is needed, for the high standing of its able author, his well established reputation as a teacher, are so well and widely known as to render it unnecessary. We do not hesitate in saying that it will closely contest the field with other contemporaneous works by reason of its intrinsic merit as a surgeon's *vade mecum*.

On the subject of Anæsthetics, while the author has largely used both æther and chloroform, and claims not to have had a fatal case with either, he has the following paragraph: "But I think we can hardly resist the unanimous opinion of the American surgeons, founded on nearly thirty years of extensive experience, as to the relative safety of æther, and if so, we should only employ chloroform in exceptional cases."

The letter press, paper, illustrations, binding and mechanical execution of the volume, are quite in keeping with so excellent a work.

THE PHYSICIAN HIMSELF, AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. CATHELL, M.D., Baltimore, Md., 9th edition. Revised and enlarged. 8 vo. cloth, pp. 298. F. A. Davis, Publisher, Philadelphia and London, 1889.

Of the writers who have made a strike, Dr. Cathell may justly be called one—in fact almost a "ten-strike," his valuable work now having reached its 9th edition and still being as universally in demand as ever.

It is an excellent work, this treatise upon the duties a physician owes to himself and his patients. Clear headed and sensible suggestions as to his professional conduct, the management of his financial affairs, how to obtain and retain practice, the causes and circumstances governing his usefulness and success, characterize the book, making it in every way one that will be found of interest and value by every practitioner.

It is carefully written, its language is plain but interesting, in paper and presswork it presents an attractive appearance, and no one that procures it will ever regret the money spent, or the time occupied in its careful perusal.

WOOD; MEDICAL AND SURGICAL MONOGRAPHS, Vol. III, Number 2, August, 1889. Consisting of Original Treatises and complete reproduction in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. 8 vo., leatherette, pp. 244. Published monthly. Price, \$10.00 per annum, or \$1.00 per number. Wm. A. Wood & Co., Publishers, 56 and 58 LaFayette Place, New York.

The August number of these valuable serial publications contains: The treatment of Syphilis at the present time, by Dr. Maximilian Von Zeissl; the treatment of Inebriety in the higher and educated classes, by James Stewart, B. A.; and a Manual of Hypodermic Medications, by Drs. Bourneville and Bricon. It is fully in keeping with the other valuable and interesting works of the series.

THE SCIENTIFIC AMERICAN; ARCHITECTS AND BUILDERS EDITION. \$2.50 a year; single copies, 25 cents. Munn & Co., Publishers, 361 Broadway, New York.

This is a special trade edition of *The Scientific American*, issued monthly—on the first day of the month. Each number contains about forty large quarto pages, equal to about two hundred ordinary book pages, forming, practically, a large and splendid MAGAZINE OF ARCHITECTURE, richly adorned with elegant plates in colors and with fine engravings; illustrating the most interesting examples of modern architectural construction and allied subjects.

A LABORATORY GUIDE IN UNINALYSIS AND TOXICOLOGY. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Physics in the Med. Department University of New York; Professor of Chemistry and Toxicology in the Med. Department of the University of Vermont; Member of the Chemical Societies of America, Paris and Berlin, etc., 2nd edition. 75 cents cloth. Wm. Wood & Co., Publishers, 56 and 58 LaFayette Place, New York, 1889.

This little work is just what it claims to be, a laboratory guide in Urinalysis and Toxicology, and a most excellent one at that. It is reliable, conveniently arranged and cannot but prove useful to the general practitioner in the investigation of urinary diseases. In that part devoted to Toxicology, in addition to the various tests the most reliable and ready antidotes are given.

DISORDERED DIGESTION AND DYSPEPSIA. By FRANK WOODBURY, A.M., M.D., Fellow of the College of Physicians of Philadelphia; Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc., etc., 12 mo. paper. (Physician's Leisure Library Series). Geo. S. Davis, Publisher, Detroit, Mich., 1889. Price, paper, 25 cents; cloth, 50 cents.

Our knowledge of the chemistry of the digestive process has been materially advanced in the last few years, and this little work, comprising Digestion and its disorders, symptoms and forms of Dyspepsia, treatment of Dyspepsia and dietetic hints for Dyspeptics will prove of interest and value to any reader.

HAND BOOK OF PHARMACY AND THERAPEUTICS (LILLY), 248 pages, Third edition, thoroughly revised. Eli Lilly & Co., Indianapolis, July, 1888.

The aim of this book is, as stated in the introduction, "to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this little work full of suggestions." It will be sent free to any physician, druggist or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this journal.

Editorial.

BROWN-SEQUARD'S ELIXIR; THE METHUSELAH COCKTAIL.

"No longer lag superfluous on the stage,
 "The lean and slippered pantaloons is of the past;
 "The greatest wonder of this wonder-working age,
 "Is?—'*Hors du testicule pas de salut.*' *N'est c'pas?*"

Not having any heated term to spend this summer, and very little surplus burdening my treasury, Narragansett Pier, the Mountain resort or inland watering place saw me not, and most of my spare time was spent with my books and periodicals. As one of our long August days was dragging its weary length along, I had just finished reading the communication of M. Brown-Sequard to the Societe de Biologie in *Le Semaine Medicale*, when my old friend Jimmy F., came stumping into my office, with his usual hearty salutation of "How are you Doctor?"

On the field of Chicamauga, Jim's left leg had fallen under the sacrificial edge of my catlin, by reason of an extensive comminution of its bony parts by a conical ball.

After satisfying him as to the accustomed good state of my health, in reply to a similar interrogatory, he said:

"Oh! I am as sound as trout, yes sound as a milled dollar, and fresh as a two year old. I have no complaint to make about myself, but this confounded leg is still worrying me."

"What's the matter with the leg?"

Well, you know just after we got home, our good lady friends here, furnished me, as well as others of our one legged boys with one of Morton's artificial legs. That did pretty well for a few years; but it began to get out of fix and give me some trouble, and I got one of A. A. Mark's legs, and I thought for a while I was all right again. But the confounded things cost like smoke, and they will wear out, so finally I got me a good piece of Buckeye timber, from an old tree, had it well seasoned, and made this peg-leg myself. It is really much more comfortable than anything I have ever tried—and as for repairs,

why it does not cost next to anything, and I can get around on it better than either of the others. It may not look quite so well, but for getting around on, it is a regular "jim dandy."

"Well what's the trouble with it?" I asked.

"Trouble," he replied, "oh not much, only it is so confounded stiff. In fact I can't help but imagine that it is getting stiffer and stiffer every day."

"Ah, Jim! It is you who are getting stiff." I said.

"No, not a bit of it. It is just this leg. In every other respect I am just as active and frisky as I was 25 years ago. May be I got the timber out of too old a tree; but our saddle-tree and bread-tray makers have told me that the older a Buckeye gets, the lighter it gets, although the grain of the wood gets finer."

"Oh! if it's just age that is affecting it," I said confidently, "we can soon remedy that by a little of Brown-Sequard's Elixir. We can rejuvenate it, we can make it young again."

"What is Brown-Sequard's Elixir?" Said he.

"Shades of Ponce de Leon!" I exclaimed. "Hav'nt you heard of it? Our Nashville Doctors are using it in all kinds of cases, from Paralysis to Piles, from Dropsy to Dengue, and from Marasmus to Malaria; and are claiming for it no less remarkable results than its originator."

"Who is Brown-Sequard?" asked Jim, with no little interest.

Charles Edward Brown Sequard, was the son of a Philadelphia sea-captain of the name of Brown, who married Mlle. Sequard, a French lady. The subject of this hyphen-ation was born on the Island of Mauritius in the year 1818, and has since made the hyphen-ated names of his father and mother illustrious.

After receiving a careful primary education at the place of his birth, he was sent to Paris and took the degrees of Bachelor of Letters and Science in 1838 and 1839, graduating in Medicine in 1846. Five prizes were awarded him by the French Academy of Science, and he received the Queen's grant for the encouragement of science on two occasions from the British Royal Society. He made important demonstrations in regard to the transfusion of blood; on one occasion transfusing the blood of a healthy living dog into the carotid artery of a dog dead from peritonitis. The dead dog stood upon his feet, wagged his tail and died again 12½ hours later. He conducted quite a series of experiments demonstrating the subject of animal heat. His

researches have been most extensive, furnishing many of the most important facts in physiology, particularly in regard to the nervous system. He confirmed the supposition of Longet, that the anterior columns of the spinal cord transmitted motor impulses to the voluntary muscles, and that the posterior columns conducted sensation to the brain. He was the first to demonstrate that the decussation of the sensory fibres is in the spinal cord itself, and he has the reputation of having created the physiology of the sensory tract of the spinal cord. In 1850, he delivered a series of lectures on the nervous system before the Royal College of Physicians and Surgeons, London. In 1864, he was appointed Professor of the Physiology and Pathology of the Nervous System at Harvard University. In 1869, he returned to France and was appointed Professor of Experimental and Comparative Pathology in the School of Medicine in Paris and founded the "Archives of Normal Pyhsiology and Pathology." In 1873, he returned to the United States and practiced in New York city, joining Dr. E. C. Seguin in establishing "The Archives of Scientific and Practical Medicine." Eventually he returned to Paris and succeeded M. Claude Bernard in the Chair of Experimental Medicine in the College of France, and was elected to the Chair of Medicine in the French Academy of Science. His services have been in constant demand as a consulting physician in diseases of the nervous system, to which specialty he has confined his practice.

He published a volume of Lectures on Physiology and Pathology of the nervous system, (Philadelphia,) 1860. Lectures on Diagnosis and Treatment of the Principal forms of Paralysis of the Lower Extremities, 8. vo. London, 1861; and Lectures on Nervous Affections, 1873, all of which have been accorded a high place in medical literature. Oh yes! Charles Edward was a great man in his day—but like every dog, I think he has had his day. At any rate for some years past but little had been heard of him until his recent communication to the Society of Biology.

"Well, where can you get this Elixir, this wonderful remedy," said Jim.

"You will have to get it made fresh, it is not kept on draught in any of our drug stores," I told him, and then proceeded to translate for him the particulars of its preparation, methods of use, properties, etc., from *Le Semaine Medicale*.

"And he claims that it will make an old man young?"

"Certainly he does; see what he says: '*Je suis, pour le dire en deux mots, rajeuni de trente ans.*' From being near seventy years of age, he is now only about 40. Returned to the prime of life."

"Well," said Jim, after a thoughtful silence of some minutes, "I don't much care about having any 'dog juice' squirted into me, nor 'hog juice' either for that matter, although I am somewhat fond of 'ham gravy;' but I know when I can lay my hands on some young game roosters, if you think you could use them on my leg."

"Oh! certainly," I replied, "just bring me in a few young roosters to-morrow and we will try the experiment." And thereupon Jim took his departure.

On reading the morning paper on the following day, I saw that my friend Green Sawyers had sustained a loss of quite a number of his highly bred fancy fowls, during the preceding hours of darkness, and felt confident that Jim had been putting into application his experience and practice of the 60's. Surely enough, at an early hour he came stumping into the office with a large covered basket on his arm.

"What have you got there Jim?"

"Chickens, game roosters."

"Where did you get them?"

"Ask me no questions and I tell you no lies; you just get your fixins ready and go to work on this leg. It was so blamed stiff last night I like to have missed getting these chickens."

Not to prolong this clinical report, I will state as briefly as possible, that the roosters were quickly caponized, their procreative glands divested as nearly as possible of all membranous tissue, and together with as much blood as I could collect from the spermatic veins, and a small amount of distilled water were transfered to a blue glass mortar, and thoroughly triturated and macerated with a blue glass pestle, the semi-fluid mass passed through a "Pasteur" filter, and rendered thoroughly aseptic by the addition of a few grains of boracic acid, giving us a reddish or pinkish tinted fluid of a decidedly fowl but by no means unpleasant odor.

Charging my hypodermic syringe with the fluid, I made an effort to insert the needle into the thickest part of Jim's wooden leg, after first having thoroughly washed it with a 1 to 2000 carbolized bichloride solution. The importance of the operation, the anxiety under which I labored in so magnitudinous an experiment, made me

somewhat nervous, and unfortunately, I broke the needle. However, I sent across the street to Griffith's hardware store at once, and procured a good horse-shoe file and a gimlet. Rendering the file aseptic, I immediately re-sharpened the needle, and with the gimlet, also made *thoroughly aseptic*, I bored deep down into the ligneous texture of Jim's artificial limb, into which I inserted with the syringe about one drachm of the fluid.

"Do you feel any pain Jim?"

"Not a darned bit."

"Not thirsty, or feverish at all?"

"Not a particle."

"Well may be it will take some little time to get in its work. You go on home now, and wait developments. But take this thermometer with you, and for the next few days (showing him how to use it), you try your temperature at least four times a day. I want you to keep a close scrutiny on, and rigid observation of the leg, making notes each day of any particulars that you may observe, and let me have them for publication. You may leave the chickens here, I will take care of them."

"All right" he replied, and I heard no more from him until I received the following communication. The first date recorded is the day after the operation.

"My dear doctor:—I herewith beg leave to submit my report:

August 14, Temperature at 5 and 10 a. m., and 5 and 10 p. m. 98 2 5°. Pulse 68°. No fever. No pain.

August 15. Same as before, leg seems to be a little heavier.

August 18. Pulse and temperature same as on four previous days, appetite same as usual, not a particle of fever, and not a single pain in the leg since I left your office. It is unquestionably heavier. Its weight, even when I unbuckle it and take it off, and lift it up in my hand, seems to be twice as much as formerly.

August 19. One week to day since operation. Leg much heavier than ever. Pulse and temperature as before. I stuck my knife blade in my leg to-day, and to my surprise water began to flow from the puncture. Upon close examination, I find that it is full of sap, and even a pin scratch will cause it to exude as freely as a grape vine in April.

August 20. Have quit fooling with that thermometer you loaned me, and quit counting my pulse. On taking up my leg to buckle it on

this morning I noticed that it seemed to be covered all over with a fine, delicate film of a peculiar color, being a mixture of red and greenish blue. Weight still increasing.

August 21. The film of yesterday has developed into a perfect, but delicate growth of bark; color, a mixture of yellow and indigo-blue. Quite a number of pimples showing themselves all over the leg.

August 22. The pimples noticed yesterday have become young shoots bearing leaves. My wife becoming uneasy about the mysterious changes taking place in my leg, insisted on my leaving it out of doors at night, saying that she could not sleep if the pesky thing was in the house with her. I set it up on end in my old sweet-potato bed just before I came into the house at night.

August 23. Would you believe it Doctor? When I went out to look at my leg this morning, it had actually taken root in the rich soil of the old potato bed, and was covered with limbs and fresh green leaves, and had grown about $3\frac{1}{2}$ or 4 feet high.

August 24. My leg has now become a young buckeye tree, its top reaching higher than my house and its branches extending 8 to 10 feet out on either side.

August 25. I was awakened early this morning by the crowing of strange chickens in my yard. On going out I saw my young buckeye tree, that had served me so faithfully and well as a substitute for the leg I lost at Chicamauga, had grown twice as high as it was on the previous morning, and there were at least a dozen of the sprightliest, plumpest, and gamest looking young roosters up on its limbs, that were crowing away at a lively rate. I must now close my report, as you told me that you would want it by this time. If any thing more unusual happens before your journal goes to press, I will send you the information by the old and ever reliable "*Vigne a Raisin*" line.

Yours very truly,

JAMES F.

CAMPHO-PHENIQUE is a true chemical combination of camphor and chlorophenic acid, and we have found it, as claimed by its manufacturers, to be a local anæsthetic, an antiseptic, a germicide and parasiticide, and absolutely non-irritant; making it a most excellent dressing for fresh wounds and chronic ulcerations.

We have tried it in quite a number of cases recently and have found it as a dressing for fresh wounds, when proper adaptation of the part

had been made, to accomplish more in the way of rapid and prompt healing by first intention than any other dressing we have tried.

In one case of chronic ulceration, the result of a severe and deep burn, after having about exhausted therapeutic measures in our efforts to secure cicatrization, it acted most admirably, and after a few dressings of Campho-Phenique and Ol. Olivæ 1 to 4, complete cicatrization resulted.

In several cases of old, chronic and irritable ulcers, the result was equally satisfactory.

In all cases in which we have used it, the unpleasant feature of pain, whether in a fresh incised or contused wound, or in an irritable ulcer, was a thing of the past after the first dressing.

Other surgeons and physicians who have tried it report most satisfactory results.

We are pleased to submit the following extract from a lecture on Antiseptics, at the post Graduate School, New York, by Dr. Robert T. Morris:

"In certain forms of leucorrhœa, dependent upon catarrh of the mucous membrane of the uterine canal, CAMPHO-PHENIQUE is a very satisfactory drug for local application after the cervical canal has been dilated in order to allow of easy access to the interior of the uterus. In connection with the other appropriate treatment, the local application of CAMPHO-PHENIQUE is readily responded to by the deep-seated cervical glands, in many cases in which response cannot be easily obtained by the use of the orthodox remedies described in the text books."

MENORRHAGIA, LEUCORRHEA.—Macadam Grigor, L.R.C.P., Alexandra Avenue, Battersea Park, London, says: F. O., widow, 32 years of age, one child, suffered for years, and was frequently under medical treatment, getting little or no relief. When she came under my care, about three months ago, I found her very weak and anæmic, complained of pain in left hypogastric region and sympathetic vomiting. She told me that at the menstrual period she nearly flooded, and between the times, only 14 days, she suffered very much with the whites. I thoroughly examined her and diagnosed: Irritation of left ovary, menorrhœa, prolapsus with anteversion of uterus, inflamed meatus urinaris, the effect of this being anæmia. Under treatment she improved in general health, but still the menorrhagia and leucorrhœa continued, though I had exhausted the remedies used in such cases. When the

Aletris Cordial came under my notice about six months ago, I put my patient under its treatment, with the result that the menorrhœa and leucorrhœa have ceased, and the slight prolapsus uteri gives no discomfort. I may state that I still keep her under the tonic.

TENTH INTERNATIONAL MEDICAL CONGRESS.

We, the undersigned, do hereby give notice, that according to the resolution passed at the Washington meeting, Sept. 9th, 1887, the Tenth International Medical Congress will be held in Berlin.

The Congress will be opened on the 4th and closed on the 9th day of August, 1890.

Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical Faculties and Medical Societies at Heidelberg on the 17th of September in the current year.

Meanwhile, we should feel sincerely obliged, if you would kindly make this communication known among your medical circles and add in the same time a cordial invitation to the Congress.

Von Bergmann.

Virchow.

Waldeyer.

A POINT IN ETIOLOGY.—One of Gotham's fair ladies, who if not fully occupying the exalted plane of Cæsar's wife, was at least as chaste as the "star-eyed goddess of reform," had called for professional advice on one of the leading physicians of the great metropolis, who was as well known for his candor as his high order of professional skill and experience.

After detailing her symptoms she was informed that she was unquestionably suffering from a case of gonorrhœa.

"But; Oh, Doctor!" she exclaimed, "can that be possible?"

"I know nothing about the possibility, madam, I merely state facts," was the reply.

"But Doctor, do you think that I could have caught the disease from sleeping with a lady friend?"

"Madam, that is the way I caught it."

"And so the world goes round and round,
Some go up, and some go down."

CIRCUMCISION TO BE ENFORCED BY LAW.—Dr. Vandavel, a colored physician in *Daniel's Texas Med. Journal* seems to warmly advocate the operation of circumcision, even to the extent of enforcing it by statute. He bases his argument on both hygienic and æsthetic grounds, remarking that "an elongated prepuce does not add anything to the looks of the organ." Possibly in ante-bellum days the "colored man and brother" might have been brought under a regulation of this character, but Jeshuran having waxed fat, we oppine that in these good times he would be apt to kick against the pricks.

His allusion to the "organ" reminds us of a civil trial in times gone by, when a drunken vagabond was brought up to the bar of justice for indecent exposure of his person. One Biddy Maloney was on the stand as a witness, who on being asked if she had seen the prisoner expose his organ on the street, remarked: "Organ, organ, ye'r honor; sure 'twas more like a flute."

TREATMENT FOR CATARRHAL AFFECTIONS OF THE THROAT.—Dr. G. C. Hope, 34 W. 51st Street, New York, Attending Surgeon Metropolitan Throat Hospital, and Professor Diseases of the Throat, University of Vermont, says: "For a long time I have been employing Horsford's Acid Phosphate as a constitutional treatment for catarrhal affections of the throat. I consider it to be among the best tonic excitants of the vocal organs, and particularly applicable in relieving the fatigue and huskiness of voice incident to those who pursue a professional career of actor or vocalist, and far preferable to the various forms of wines now so generally recommended for this purpose.

I have seen no other allusion to its employment in this direction, which I believe you are perfectly safe in recommending both from a theoretical and practical point of view."

PLANT PEPSIN.—The difficulty in producing a substitute for mother's milk, from cow's milk, is, to change the caseine into peptones?

Gorup Basanez, late Professor of Chemistry in Erlangen, Germany, has proved that there is a ferment in well grown and dried malt, which possesses the same action as the active ferments in the gastric juice and the pancreatine, this he named "plant pepsin."

The milk in Malted Milk has been predigested by the action of the plant pepsin, a natural ingredient of the malt, hence, the reason why Malted Milk is so easily assimilated, and why, it is preferable to milk

which has been treated with impure artificial pepsin or pancreatine. A sample of Malted Milk, sufficient for trial, will be sent free on application to Malted Milk Co., Racine, Wis.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.—Those who are interested in the coming meeting of this young but progressive organization, will do well to bear in mind that the next meeting will be held in this city, beginning Tuesday, Nov. 12th. Dr. Hunter McGuire, of Richmond, is the President, Dr. W. E. B. Davis, of Birmingham, Ala., Secretary, and Prof. Duncan Eve, M.D., of this city, Chairman of the Committee on Arrangements, either of whom will be pleased to give any information needed in regard to the meeting.

In our next number we hope to be able to give a full programme of the papers, essays, etc.

Katharmon Chemical Co., St. Louis, Mo.:

GENTLEMEN:—I am well pleased with your "Katharmon," have had excellent results from its use. Quite recently I had an opportunity of testing its detergent and antiseptic properties in a case of burns, covering a large area, with most gratifying results. In acute rhinitis and follicular troubles of the nose and throat, it has proven satisfactory in my hands. Its safety, simplicity and reliability especially commend it.

Yours respectfully,

SWEET SPRINGS, MO., July 12, 1889.

F. C. COLLIER, M.D.

OFFENSIVE ODOR OF THE BREATH, due to bad teeth or other causes, may be overcome, or at least greatly abated, by the habitual use of Listerine. Add a teaspoonful to a tumblerful of water for a mouth-wash and gargle, and if a little is swallowed, so much the better. Indeed, a bad breath is not unfrequently caused by the gaseous eructations of indigestion, and for this also Listerine is an excellent remedy, in doses of twenty to thirty drops in a little water.—*Sanitarian*.

THE AMERICAN PUBLIC HEALTH ASSOCIATION, will hold its Seventeenth Annual Meeting, at Brooklyn, N. Y., Oct. 22, 23, 24 and 25, 1889. It is required that all papers must be either printed, type-written or in plain hand-writing. A very good regulation. All interested in State Medicine and Hygiene will do well to attend. Dr. Irving A. Watson, of Concord, N. H., the able and affable Secretary will furnish any information desired.

VOMITING IN PREGNANCY.—I am using PEACOCK'S BROMIDES in my practice, daily, and am better pleased with the preparation than ever. I have discovered a new application for it, in a case of vomiting in pregnancy. Believing that the sickness was produced by nervous irritability, I have been and am giving PEACOCK'S BROMIDES in full doses, with fine effect. I have prescribed it several times lately in convulsions of children with very satisfactory results.

FRANKLIN, TENN.

JOHN A. CAMPBELL, M.D.

THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS will hold its next annual meeting at the Burnet House, Cincinnati, September 17, 18 and 19, 1889. No formal invitation will be issued to non-members, but the Association extends a cordial invitation to such members of the profession as may feel interested, to attend the meeting and participate in the proceedings. The papers and discussions will embrace subjects pertaining to obstetrics, gynecology, and abdominal surgery.

BROMIDIA.—I have used the Bromidia (Battle) and the results obtained have been really excellent. It certainly combines all the advantages of other preparations of this nature, while at the same time it possesses none of their disadvantages. The fact that it produces no unpleasant sensation on awaking, renders it specially valuable.—DR. LUD MARC, St. Nazaire sur Loire, France.

"Speakin' of twins," said the old man Chumpkins. "There was two boys raised in our neighborhood that looked just alike till their dyin' day. Lem didn't have any teeth and his brother Dave did, but they looked pre-cisely alike all the same. The only way you could tell 'em apart was to put your finger in Lem's mouth, and if he bit yer 'twas Dave."—*Lewiston Journal*.

"A wealthy man ruined by new wheat," read Mrs. Talkene. "This is sad," she commented, "but thousands of wealthy men are ruined by old rye, and the papers don't say anything about it."

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

CONTENTS FOR SEPTEMBER, 1889.

ORIGINAL COMMUNICATIONS :—

Pessaries, by J. B. W. Nowlin, M.D	367
--	-----

CORRESPONDENCE :—

Treatment of Snake Bite	374
State Board of Medical Examiners	375

SELECTIONS :—

Our Quarantine Service	376
Chest Percussion Don'ts	379
The Prevention of the Spread of Consumption	381
The Pharmacopœia and the Fluid Extracts	382
Per Cent. Strength of Solution	383
Temperature in Disease	384
The Theory of Suppuration	386
On the Opening of Buboës	387
Oil of Eucalyptus in Headache	388
Calcium Chloride in Granular Affections of the Neck	389
Medical Fees; a Correct Decision	390
Traumatic Tetanus Cured by Large Doses of Hydro-Chlorate of Pilocarpine in Hypodermic Injections	391
Singular Case of Multiple Labor and its Management	391
The Prevention of Mammary Abscess	392
Cause of Ulceration of the Duodenum in Extensive Burns of the Surface	392
The Treatment of Sunstroke	393
Turpentine in Post-partum Hemorrhage	393
Chilling the Feet and its Consequences	394
Chorea Cured by Antipyrin	394

EDITORIAL, REVIEWS, ETC :—

Book Notices	395
Brown-Sequard's Elixir; the Methuselah Cocktail	399
Campho Phenique	404
Menorrhagia, Leucorrhœa	405
Tenth International Medical Congress	406
Circumcision to be enforced by Law	407
Treatment for Catarrhal Affections of the Throat	407
Southern Surgical and Gynecological Association	408
Editorial Items	408

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,
DEVOTED TO MEDICINE AND SURGERY.

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No. 10.

Original Communications.

PRESIDENT'S ADDRESS TO THE SOUTHERN DENTAL ASSOCIATION*

BY J. Y. CRAWFORD, M.D., D.D.S., OF NASHVILLE, TENN.

Gentlemen of the Association, Ladies and Gentlemen:

I need not say that it was a surprise to me one year ago when I was elected your chief officer, for this is well-known to those of you who attended the joint meeting at Louisville, Ky. I now tender you my thanks for the surprise, and for the unmerited honor thus conferred upon me, for there are certainly members of this Association more deserving than myself.

While nothing of a startling nature has occurred within the last twelve months to attract or excite attention in the Dental world, there is and has been steady and marked progress in the work of our honorable profession, and there are some questions of special interest to which I wish to call your attention, and commend to your careful consideration as a deliberative body.

*Delivered at Galveston, Texas, Aug. 20, 1889.

1st. It is with pleasure that we note the many expressions of Dental Societies and prominent members of the profession in opposition to the patenting processes that have obtained to such an alarming extent in the past. No dentist has the moral or professional right to patent an appliance and sell it to his professional brother. Such things have and always will detract from the high standing of anyone belonging to an honorable and learned profession. I am sorry to be under the necessity of favorably commending to you, one and all, the importance and propriety of joining the Dental Protective Association of the United States, in order to protect ourselves from robbery and unjust extortions at the hands of so-called tooth crown companies, and other fraudulently obtained rights and patents that may arise in the future. We boast that this is a free country, and in order for it to continue to be such, in all the various vocations and professions, the greatest amount of personal liberty consistent with the public welfare must exist in every particular; this is a fundamental principle in both our State and National Governments, and must be adhered to by all classes of society. Let the twenty-five thousand dentists in America rise in mass, and with their means and influence resist all such impositions and hardships as the Goodyear Dental Vulcanite Co., of the past, and Tooth-Crown Co., of the present. It is with pleasure that we note the tendencies of modern dentistry toward conservatism in practice: Saving teeth, saving roots of teeth, upon and to which, good, serviceable crowns and bridges are placed and attached, capable of rendering good service to the possessor. Shall we sit still and see such embargos laid upon improvements as will amount to prohibition of their use by many good and competent men in our ranks? No, let the answer be once for all, no.

The second matter, to which I wish to call your attention is the subject of Dental education, and while I feel certain that some of the views that I entertain and express to you will be objected to by many, I do hope, should you have a free discussion of the subject, that the same may be tempered with that good feeling and respectfulness that should at all times characterize a scientific body. While I am for the elevation of the standard

in our Dental Colleges, and for the improvement of the course of study, and in broadening it in reference to things that will tend to improvement, I do think we should be a little slow in demanding of our schools such things as the lengthening of the course, and especially in the institutions of the South. Neither can the schools, nor the students of the South, yet afford to make the change from the two to the three year plan; let the time honored custom of two full years of study with two full courses of lectures, be maintained at least for a while. A system that has made and is still making the best and most efficient dentists and doctors in the world is entitled to respect and should be continued for the present. There is not much difference in the pecuniary condition of those who entered Dentistry in the past and those who are entering now. In proportion, money is a little harder to obtain now, than it was with their predecessors. Let us take it home to ourselves and apply it; when we were students would it not have been hard to have been forced to attend three instead of two courses of lectures? Remember how anxious some were to get through on the one term plan, as then obtained with all schools where a man had been in practice for five years. The notion that we are too much crowded is a mistake; we have not enough dentists in the United States to keep the tartar off of the peoples' teeth, saying nothing of the millions of cavities that need to be treated and filled that have no attention whatever. What we need in this country is more dentistry and better dentistry, especially better dentistry.

It is not my duty to discuss the subject at length, only to call attention to it as one of importance to the profession and the country at large. With more and better men in the field of practice it might be said of the mechanical dentist as it was of Othello, "his occupation is gone." I am sorry to say I fear the results of our arts in mechanical and prosthetic dentistry have been more hurtful than beneficial. It is a blackening shame upon us, claiming to be an honorable and learned profession, that the beautiful and difficult operation of constructing a set of artificial teeth has been relegated to the cheap John and Mountebank of the professions, so that those who have been so unfortunate as to lose their

natural teeth, instead of having a clean, healthy mucus surface lining the oral cavity, we find it bruised, mangled and excoriated by rough improperly constructed rubber plates, so imperfectly finished that much of the plaster used in the process of molding is still found upon the gum surfaces, many, many days after it is worn by the patient. In many instances we find the competent and skillful dentists turning in disgust from the laboratory and refusing to construct a set of artificial teeth, as it is no longer remunerative or honorable to engage in this branch of practice. If I could reach the public with my remarks on this point, I would say that they have not been mindful of their duty in regard to this important question. To be brief upon this point, I would say to you and the public that there has been more injury inflicted upon the American people by the extraction of teeth and the introduction of cheap and badly constructed plates, than by the improper performance of all other surgical operations combined. In fact the injury to the human family by the use of tooth forceps has never yet been comprehended or correctly estimated; to the philosophic observer, the injury, and the unnecessary injury too, is magnitudinous and overwhelming. The broken arch, the distorted face, the diseased throats, impaired voices, injured vision, and many constitutional affections resulting from the unnecessary use of tooth forceps has accumulated a mountain of sin that will be awful to meet in the end. Draw upon your imagination and see if you can recall anything more horrible, or disreputable than the extraction of thirty-two natural teeth that would be amenable to proper treatment and the introduction of an artificial set for the pitiful sum of twenty dollars. Blood money, yes as thoroughly so, as the thirty pieces of silver received by "Judas Iscariot for the betrayal of our blessed Saviour."

Gentlemen of the Southern Dental Association, let us stop this crimsoned tide of life blood flowing from the unnecessarily vacant alveolar sockets of our people and make dentistry a tooth-saving, rather than a tooth destroying art, thereby adding years to the average length of human life. Put our calling upon such a high plane that it will be regarded as a question of public necessity—as a hygienic art. Again, as your presiding officer, I would most

earnestly commend to you the approaching meeting of the "American Medical Association," at Nashville, Tenn., in 1890, with its section on Dental and Oral Surgery. It is my judgment, that more good can be accomplished for our specialty by building up this section than in any other line of association work in this country. The making of the section on Dentistry, the strongest of the society would command a volume of influence that cannot be accomplished in any other direction.

As a representative of Nashville and a member of the American Medical Association, I extend to all an earnest invitation to be present on that occasion.

After thus calling attention to the practical features of our Association's work, I wish to direct your special attention to the subject of dentistry from the hygienic standpoint.

The digestive apparatus in man, commences with the lips and the Buccal cavity which is at the origin of the alimentary canal.

The nutritive and aliment preparing function, is a condition of the continuance of life. Of old it was said of the animal, "the blood thereof is the life thereof." The blood is nature's vehicle, to convey nutrition to the whole body. Without food there can be no blood; with poor food, poor blood; with food improperly or imperfectly prepared or masticated and delivered to the stomach, *diseased* blood. To trace a mouthful of food until it becomes blood, would be interesting and instructive, but would require too much time. I can only discuss the first step in the progress from food to blood.

I desire to emphasize the mouth as a hygienic organ, whose functions mechanic, organic or nervous, I do not believe, have ever been properly appreciated by the medical profession and I fear not over estimated by the dental.

The stomach and the liver, are generally charged by diagnosticians with being primarily at fault in a large number of diseases and unhealthy conditions of the body. Every one agrees that health depends on good blood, and that unhealthy food whether from inherent defect, or bad cookery, will not make good blood. But I want to call attention, to the office of that last caterer to the stomach, the mouth. Your bread may be pure; flesh, fish

and fowl, juicy, succulent and appetising; viands fit for Lucullus, dainties that would satisfy Epicurus; wines ripened under the skies of Italy or France; food and drink as good as ever made muscle for a gladiator, flushed the cheek of a pro-consul or inspired the brain of statesmen, or the imagination of a poet; yet if it reaches the system through the portal of a diseased and filthy mouth, that is not in condition to render in salivation, mastication, and deglutition, the last and most essential office of preparation, the body cannot have healthy blood. Men have made fortunes and have been handed down to history, for originating a new sauce, or cooking a new dish. And justly so; for skill and science in the culinary art is commendable. The gap between the pre-historic savage, who ate his meat raw or rotten and the cleanly and well fed citizen of to-day, is just as wide as the interval between savagery and civilization. But nature in her prodigal care of the health of her creatures, has placed at the portal of the great alimentary highway a structure, which for elaborate fitness for its functions, cannot be surpassed by any other organ of that body which is "so wonderfully and carefully made." The most succulent fruit that ever grew on the earth, like the most skillfully prepared morsel of the most experienced cook, if introduced at once, into the stomach itself, would cause paroxysms of pain and possibly incurable malady. It would not have its wedding garment on. It can only obtain it in the mouth, where a whole retinue of servants, more skillful for this service, than ever waited in the ante-chambers of princes, gladly welcome the guest of the body. The first effect is upon the nervous system. The grateful smell as the food passes the lips, salutes the plexus of nerves that engrave with rich tracery the nasal arch, and is conveyed to the sensorium. The lips open and the teeth seize the delicious morsel that comes thus heralded; every nerve of taste tingles with gustatory pleasure and summons, as with an electric bell the liveried servitors who wait in this banqueting house of gods. From lip to pharynx, floor, wall and arch pour out their welcome. The nerves of taste carry joyous messages to the brain and throughout the whole system. Glands, labial, buccal, palatine, molar and lingual, open mouths of welcome on

the free surface of the mucus membrane and pour libations along the margin and dorsum of God's banqueting table, the tongue. The major domo, the steward and the butler, the parotid, the sub-maxillary and the sub-lingual glands, send up from their cellarage, salivary nectary, through the ducts of Steno, Wharton and Rivinus. The incisors carve, cuspids pierce, bicuspidæ tear and molars grind around the whole royal arch, from condyle to symphysis; divine cutlery and plate, not of steel, nor of silver, nor gold, but of peerless enamel; until at last the precious mouthful is delivered to the constrictor, stylo, palato, and salpingo pharyngei, to be safely conveyed through the œsophagus to the stomach, where it is taken up by the systemic economy and the digestible, converted into chyle and blood, to nourish the body; and the indigestible, rejected and excreted. This complex and intricate machinery for the mastication, salivation and deglutition of the *bolus* of food, before its delivery to the pharnx and œsophagus, shows the importance attached by nature, to the first act of alimentation. I have endeavored to describe the healthy and normal act of taking food. Who shall describe the nauseous details of poisoning the body and blood at every meal, by mingling with the food the ferment of decayed alimentary particles; the stench, gases and acids, that may result from their putrefactive decomposition; the *fungi* of caries; the ropy saliva and redolent pus of pulpitis and reeking abscess, or any of the morbid conditions of the mouth, incident to serumal calculus or apical and phagedenic peri-cementitis?

Mingled with such carion juices, *fungi* and micro-organisms, the most delicious food ever prepared for the use of man, reaches the stomach in a condition that cannot be otherwise, than destructive to health. The most exquisite peach that ever tempted the appetite of the prettiest maid, by rivaling the blush on her cheek, thus mal-odorized and poisoned would be utterly unfit for blood-food.

Recent scientific investigations, have demonstrated that micro-organisms, are potent disturbers of the normal conditions of the body and are prime originators of many diseases. These organisms when brought into the blood of the lower animals by inocu-

lation, produce septicæmia and death. Although experiments in this new field have been too few to authorize positive statements, still, they have been sufficient to show that these *fungi* possess a pathogenic character when introduced into other parts of the body, and I believe firmly, that the continual swallowing of these *fungi* in great numbers, may by their fermenting activity alone, produce serious disease in the stomach and alimentary canal. Croup and diphtheria are the scourges of childhood. I assert here, that a clean tooth brush and prophylactic washes applied by a careful hand to those liable or exposed to either, will in many cases mitigate or prevent an attack, by restoring and maintaining a clean and healthy condition of the mouth.

Whether dyspepsia can be solely produced from the continuous poisoning of the food, from these causes, I do not know, but believe, I can safely appeal to the experience of all who hear me to support the assertion, that the disease is frequently, if not invariably relieved by placing a diseased mouth in a healthy condition. It is evident to my mind that the diseased mouth acts on and is reacted upon, by the diseased stomach. I do not mean to confine the assertion to cases where the teeth are so much broken down and removed by decay, that food cannot be properly comminuted, but to press the assertion which I believe to be true, that even where the food is properly masticated, it is rendered a source of disease, by being mixed with the impure and diseased fluids of the oral cavity and populated with its micro-organisms. I believe also, that the reflex nerve action, thus produced is a cause of hysteria in women. And however fanciful this disease may be in many instances, it is at least a real discomfort to the sufferer and others, as bad temper; and it is manifest that irritability and acerbity of temper, is due as much to the stomach's action, as anything else. These conditions often precede melancholia and other forms of insanity. The mysterious mind, the manifestation of which is the function of brain, ethereal and impalpable as it is, is nourished by the food, which nourishes the body. The great white man which stands revealed when the encephalon and nervous system are separated from all else that goes to the make up of the body, is the most wonderful thing in the

universe, except the mind-soul of which it is the material manifestation. Its nerve centers and peripheral end organs, ganglia and sympathetics keep the brain *en-rapport* with the internal and external world and maintain that electro magnetic connection which perfects the circuit between mind and matter, between material and spiritual things. The ego is fed by every sight that is delightful to the eye, by every perfume that is fragrant to the nostril, by every morsel that is delicious to the taste. Starvation breaks down this connection, over-throws the mind and "jingles its sweet bells out of tune and harsh." Beggar's food degrades, stupifies and pauperizes the powers of the mind.

Filth nauseates, disgusts, and obtunds its fine sensibilities. It matters not whether in the cooked viand, or in the *bolus* of food saturated with impure secretions, it has the same effect.

The tendency of every function of the body is toward health.

The *vis medicatrix naturæ*, is a force working along its plane of projection to the grand goal of health.

The chemical composition of the fluids of the mouth, shows them to be normally antiseptic and health producing. It is not true, that they are of themselves the sources of disease. The teeth are the most indestructible parts of the animal anatomy. They longest survive the decay of death, and preserved in the fossiliferous strata of the earth, they evidence the existence of forms long since extinct.

To care for them is a natural and self-preservative function of the economy of nature, as it is of every vital organ. Disease attacks them as a penalty for some violation of law, and borne upon the tide of heredity, the "children's teeth are upon edge because their fathers have eaten sour grapes."

The normal condition of the food organ, once overcome and displaced by the morbid or pathological, an enemy and not a friend stands guard at the portal of the fortress of life. The dental art and science is then, a most important and indispensable one, and may well bear comparison with any other department in the healing art. It does not rely upon medicines to any great extent, which have steadily lost ground in the faith of men. Remedies, were once thought to have magical or miraculous heal-

ing power. Sir Wm. Knighton says, "medicine seems to be one of those ill-fated arts whose improvement bears no proportion to its antiquity."

Dr. Mason Good says, "experience with *materia medica*, has proved the baseless fabric of a vision."

Advancement has been in other departments than that of therapeutics. The anatomist, the physiologist, the microscopist and specialist have won the honors due the whole profession, for the increase of the average of human life. The department of Dental Surgery has kept up with the advance, and its major and minor operations show a percentage of success that compare favorably with any others in the whole art of surgery.

A toothless race would degenerate and die from off the face of the earth.

Ophthalmology has preserved the sight and given eyes to the blind and may justly exult in its triumphs. The lithotomist and ovariomist have consecrated their scalpels to the excision of tumors and calculi that made life a burden.

The dental surgeon operates largely upon tissues that are not reproductive, but he has preserved the teeth from decay and destruction; he has supplied teeth to the toothless; he has restored health to the buccal cavity and fauces, given beauty to deformity, rendered life comfortable, preserved the health of man and increased his longevity by restoring and preserving the normal powers of alimentation; he has given healthy food to healthy bodies and thereby built up all tissues and re-established the co-ordination and magnetic power of nerve and brain; thus fitting the race for the accomplishment of all possible excellence whether of physical or mental attainment.

We are dentists, surgeons and hygienists; tylers who watch the gate of the temple, keeping out what should not enter the door of life and expelling everything unworthy that may have gained unwarranted entrance there.

The man of the future will be a moral, mental and physical athlete. "His teeth will be like a flock of sheep that are all even shorn, which come up from the washing when every one beareth twins and none is barren among them. His cheeks are as a bed of spices, as sweet flowers, his lips like lillies, dropping sweet smelling myrrh and he is altogether lovely."

Correspondence.

PHILADELPHIA LETTER.

The Opening of the Medical Schools—The Medico-Chirurgical College—The New Collection Agency for Doctors—Typhoid Fever and Schuylkill Water—The Agnew Portrait; its Conception by Eakins, the Artist—The Brown-Sequard Elixir in Philadelphia.

As the weather grows cooler and the first of October approaches, the thoughts of the authorities of the medical schools naturally turn towards the consideration of the size of the incoming classes. Each school is claiming that in the department of instruction advances have been made, which are improvements in every sense of the word. They report that the size of the classes will be ahead of past records, and that the interest shown on all sides will serve to render the winter of 1889-90 a memorable one in Quaker City medical school history.

From the Southern States, especially the region along the Mississippi river, the University of Pennsylvania and Jefferson College draw many of their best and brightest students. Matters at the Medico-Chirurgical College are also in a phenomenally flourishing condition. Prof. Garretson, one of the leading lights of that institution, assured me the other day that he feared that the college was almost too successful. It is but a few years old, and has already some four hundred students. Prof. Garretson was afraid that such a growth might effect the stability of the college, but his fears seem to be unfounded.

There has been established in the city lately a new institution which many of our doctors hail with delight. It is a

rather novel collection agency for medical men. It is useless to state to you that many bills of practitioners, for one reason or another, remain uncollected, and that, consequently, no matter in what class of society a physician practices, this item forms a serious loss. Perhaps the idea is old to you, but I will venture giving it, in order to speak of its success here. It costs nothing to join the Association, the dues being taken from the bills which are collected. If not enough money is collected to cover the charges the Association loses it. Each member is allowed fifty bills a year to be collected, twenty dollars (\$20) being retained by the agency. In this way, without incurring the risk of any expense, a physician can have the hard part of his collections made for him. But the success of the agency has rested largely on the manner in which they make collections. No inkling is given the delinquent patient that the collector is any other than the physician's private collector, and acting on the principle that "honey draws more flies than vinegar," they endeavor to make the collections; they find out the reliability of the patient, and if he is actually unable to pay they so advise the doctor, but if they find him simply reluctant to settle the bill, they will use, after consultation with the physician, stronger measures. They also publish monthly a confidential list of families and individuals who positively and habitually never pay their doctor's bills. I will give you an example of how it works. A surgeon in town had a bill against a stranger living in San Francisco for an operation performed here. The man had returned to the west without paying; the surgeon was unable to hear from him after repeated writing; the friends with whom the patient stayed in town offered to settle, but the physician did not care to have them do this. Hearing of the agency he sent this bill to them as an experiment. They wrote to the man in San Francisco, telling him how his friends had offered to pay his bill, how the physician had refused to take the money from that source, and that the account had been placed in their hands, that all they wanted from him was a written statement that he was entirely unable to pay, and that then they would cross his name off, and trouble him no more. In a short

time an answer came enclosing a cheque for the full amount, eighty-three dollars. They deducted the twenty dollars, and sent the physician the remainder, giving him money which he never expected to get, and leaving him with forty-nine accounts to be collected without charge.

There has been a great deal of discussion in regard to the purity of the Schuylkill river, which forms the principal water supply of the city, and its relation to typhoid fever, of which we have had many cases during the summer. On the one hand the mayor, supported by a certain number of scientific gentlemen, declares that Schuylkill water is good enough ; moreover, he intimates that capitalists, interested in establishing other water supplies, are at the bottom of the whole discussion. On the other hand, many well known chemists and physicians assert that analysis proves the total unfitness of the water, and that the existence of typhoid fever to so great an extent is ample proof of their statements. In the meantime, the city boils and filters its water religiously, and the doctors reap the benefit from the increased sickness. Some of our pathologists claim that in the passage down the river the pathogenic particles, which come from the sewage of the large towns along the Schuylkill banks, and from the many cemeteries, cannot survive long enough to reach the intestines of the good people of the city ; moreover, that the large quantity of chemicals which are poured into the river from the many manufactories above the city, tend to form insoluble salts with the poisonous ingredients existing in the river, and thus render the water harmless. The opponents of these ideas are somewhat at a disadvantage through the faulty methods of water examination which we possess, for they cannot assert, with as much positiveness as they would like, the danger which they feel exists from use of the water.

Mr. Thomas Eakins, the artist, who has made a specialty of medical and surgical subjects in his profession, was engaged in the spring by the students of the University of Pennsylvania to paint for them a portrait of Prof. Agnew, which they intended to present to the University. Mr. Eakins' painting of Prof. Samuel D. Gross attracted a great deal of attention and remark

at the Centennial Exposition, and he determined to paint Dr. Agnew in a similar style. The painting which is now complete, will be exhibited first by Mr. Eakins in a number of cities during the winter, and then be placed in either the new library building or the old Wistar and Horner Museum.

It represents Dr. Agnew in a clinic; he has just finished the operation, and has stepped back against the railing of the amphitheatre and is explaining the details of the operation to the students, who are ranged around on the benches. His assistants are dressing the case, which was one of cancer of the breast, and a few visitors are looking on. The size of the picture is tremendous, the figures being three-fourths natural size, and the likeness of the venerable professor, his assistants, and the students are most admirable. To represent the students sitting in a semi-circular form, and looking at the same point, is one of the most difficult things to do in painting, and in this arrangement the great genius and versatility of the artist are shown, for every student is in a typical position, some taking notes, some watching the dressing, and others looking at the lecturer.

Speaking of Dr. Agnew, I suppose it would incomplete to close without some reference to the extraordinarily advertised Brown-Sequard Elixir. It is not generally known that the first lectures which Brown-Sequard delivered were in this city in the fifties, and that they were given in Dr. Agnew's anatomical rooms on Medical street. Dr. Agnew had then a private class of two hundred and fifty students, studying anatomy under his directions, and to these students the since famous Frenchman made his maiden lecture. The amusing skit which appeared in the last number of the PRACTITIONER expresses the opinion exactly of the elixir which is held by medical men in this locality.

J. HOWE ADAMS, M. D.

PHILADELPHIA, September 10, 1889.

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

Selections.

HYDRIODIC ACID.—If any alterative is more in demand than the iodides, it would puzzle therapeutists to agree upon its name. Many obscure deviations from health exist, amounting not always to pronounced disease which will not give way to simple tonics or to depurants of the purgative order. These maladies are the bane and torment of a busy doctor, and many times he gets them out of his list by the use of iodides. Then again, when well-defined cases of scrofula and syphilis are under our care, the value of a good alterative is præeminently a question of moment. Unfortunately, the iodides in large or long-continued doses have a tendency in many instances to inaugurate stomach disorders, and yet the absolute need of the remedy is apparent. What then shall we do? We can have recourse to hydriodic acid. For years this agent was officinal in the Dispensatory, but it was dropped because of its unstable character, which made it not only unpleasant, but unsafe to administer. For almost ten years the acid was not obtainable, until in 1878, when Mr. R. W. Gardner, of New York, introduced the agent in the form of a sirup, which the best tests have shown to be unalterable by any ordinary exposure in the sick-room, unless in hot weather, when, of course, it should be excluded from either extreme light or heat. Sufficient time has now elapsed to demonstrate that the claims made for the sirup are well founded, and that it replaces the salts of soda and potassa in an entirely satisfactory manner. An important addition in the form of sirup of hydriodic acid has therefore been made to current therapeutics. By the use of this sirup we obtain, in a palatable form, iodine in its most effective state. Mr. Gardner has shown that :

“When not decomposed, hydriodic acid is of a light-yellowish

color, is perfectly non-irritant, gratefully acid to the taste, and rendered still more acceptable if combined, as in this preparation with sugar.

"In chemical composition it consists of one equivalent each of iodine and hydrogen (HI). As the equivalent of iodine is 127, and that of hydrogen 1, it follows that the proportion of hydrogen present as compared to iodine is less than 1 per cent. (78-100 of 1 per cent.) Absolute hydriodic acid is therefore, nearly pure iodine. It affords the most natural and effective means of assimilating iodine, as the hydrogen with which it is combined is one of the largest elementary constituents of the body. The combination renders iodine more assimilable, therefore, because in physiological harmony, while it is medicinally more active, and deprived of its objectionable irritant properties, and changed from a most disagreeable to one of the pleasantest of remedies."

One fluidounce of this sirup contains 6.66 grains of iodine converted into hydriodic acid. Its action will be found more efficient in equivalent doses than iodide of potassium, while it produces none of the unpleasant effects of the latter, such as loss of appetite, soreness in the fauces, nausea, etc. Physicians who use iodide of potassium largely will appreciate this, because it is more active than iodide of potassium, and should be given in smaller relative doses, thus not interfering with digestion.

Its effects upon mucous surfaces is more marked than with other forms of iodine, while it is effective in smaller relative proportions, and when required, it is so free from irritant action that it may be given to the youngest infant.

Our chemist just quoted further adds that hydriodic acid has a characteristic subacid taste, and if the sirup contains about 6.66-100 grains in one fluidounce, it will taste like lemon sirup or lemonade. Consumers of the sirup can be guided as to any deleterious change in it by noting the color. When decomposition has occurred in sirup of hydriodic acid, it becomes first red and finally black. This is owing to the very feeble chemical affinity existing between its elements, and is caused by the gradual oxidation of the combined hydrogen into water (HO)

and the consequent freeing of iodine, which passes at once into solution in the remaining hydriodic acid.

In this condition it is unfit for medical use, because the irritant action of free iodine is again restored.

It will be seen that this change is inherent, though it may be delayed. After this change has commenced, however, it is progressive, and the preparation cannot be restored to its former condition.

The best method of preventing this change is to keep the sirup in as cold a situation as possible, in a refrigerator if convenient, during warm weather, and carefully excluded from air by keeping it well corked.

The sirup of hydriodic acid is especially serviceable in asthma, hay fever, acute and chronic rheumatism, chronic bronchitis, and in many chronic congestions of the mucous tract. Probably the greatest value to the practitioner of sirup of hydriodic acid will come from its employment in syphilis, particularly in the latter stages. The stomach is often rebellious at this time, for it has most likely been surfeited with mercury. Many cases drag along under iodine because not enough of it can be borne, and mercurials frequently are not only useless, but at times injurious. Instances such as those related bear admirably large doses of sirup of hydriodic acid. Some cases have come under my observation in which the patients were at a standstill, who at once brightened up and rapidly improved under the use of the sirup of hydriodic acid. If thought desirable, the biniodide of mercury (the red salt) can be combined with the sirup, but the protiodide cannot be used at the same time, because it (the green salt) would be converted into the former salt, and unless care was taken the unexpected activity of the sirup thus prepared would exceed the prescriber's expectations, and possibly injure the patient. In syphilis the sirup can be pushed, if needed, until the characteristic saturation is evident, or when the metallic tastes becomes pronounced and we know that iodism is near at hand. It is advisable, however, not to carry the administration so far.

In rheumatism the sirup may substitute the alkalies and may cut acute attacks short sooner than the ordinary drugs that are

usually prescribed. It is certainly a useful article in chronic muscular rheumatism. It has done good service in my hands in sciatica. It may be administered during acute rheumatic attacks without reference to the fever, and in moderate doses, say a teaspoonful or two every two hours. Of course it will not act promptly and effectually in all cases, for rheumatism is notoriously fickle as related to curative agents. In bronchial disorders small and frequently repeated doses are better than large ones. It may be administered in this latter affection in from twenty to thirty drops every two hours. The sirup has been recommended in chronic arsenical poisoning, several cures being noted. In lead poisoning it has also been serviceable. In obesity the steady administration of the sirup of hydriodic acid with suitable regimen has a very happy effect. We are not too well supplied with agents of repute in this disagreeable complaint, hence a note on this point in reference to its use in this respect is of utility.

Many skin diseases are benefited by the sirup of hydriodic acid. In connection with cod-liver oil it is valuable in some varieties of eczema, particularly in children. It is especially efficacious in the form known as scald head, which is often so obstinate and unyielding to many remedies. Scrofulous persons (those predisposed to glandular troubles) receive decided benefit from its use. The red-eyed children, those having recurrent granular lids, with repeated attacks of mild conjunctivitis, derive great relief from sirup of hydriodic acid. A case of amyloid liver with fatty heart, in the practice of Dr. F. A. Burrall, of New York, was notably aided by the sirup of hydriodic acid, and he indorses it in glandular troubles generally. Dr. Blackwood, of Philadelphia, has employed it largely in his practice, and reports cases of exophthalmic goitre, lumbago, and uterine catarrhs, which were cured by the sirup. It is desirable that hydriodic acid should be given by itself; inasmuch as it is very susceptible to chemical action, combinations with other remedies might act injuriously upon it. Metals and alkalies are incompatible, so also are oxidizing agents, as, for instance, acids, permanganate and chlorate of potassium. These would form iodic

acid, which would be highly injurious to the patient. If intolerance becomes apparent, as occurs with all really active medicines, after a more or less extended use, the sirup should be dropped for a week or ten days, when most likely the stomach will have recovered its tone and it may again be administered. Unlike many remedies which, when once objected to in this way, are never likely to be good again, the sirup is just as palatable and equally efficient when taken up after a vacation (so to speak) as when first given, which is an important characteristic of this remedy. Although sirup of hydriodic acid is used by many practitioners, we call attention to it believing that a wider knowledge of it is desirable, and feeling certain that a careful trial by physicians at large will add to their armamentarium an important remedial agent, and that they will learn to appreciate its value as we have, by its employment in a wide circle of disease for many years.—*John V. Shoemaker, A.M., M.D., in Dietetic Gazette.*

THE FORCEPS AND THE PERINÆUM.—The correspondence, extending over some months in the *Journal*, on laceration of the perinæum and the use of forceps shows that the subject is one of widespread interest. The questions that immediately present themselves are: (1) what are the conditions that dispose to and cause laceration of the perinæum from the labor apart from operative interference? (2) Are lacerations more, or less, frequent under the operative treatment, especially the use of forceps.

The first impulse is to seek a solution in statistics; but ever so little reflection will prove that the key cannot be found in any mathematical method that can be applied. It is all but impossible to marshal complicated facts in such homogeneous groups as will admit of scientific analysis and comparison. As one instance of the fallacy of such a method in the present discussion, we have only to reflect that in labors effected by natural forces, the presumption is that the expelling and resisting forces were harmoniously balanced, and that in labors effected by the aid of the forceps these forces were not well balanced. Therefore it may be inferred that it is not simply the forceps that make the differ-

ence, nor must we forget that skill in the operators is a variable quantity. The chief predisposing causes of rupture may be traced to fault in the driving power, to faulty condition of the pelvis, to malposition or excessive size of the child, to faulty conditions of the perinæum. The driving power may be turbulent, in excess. One way of producing this is by giving ergot. This, of course, should be avoided. Violent impulsive forces may be provoked by undue excitation of reflex action by injudicious examination. Tyler Smith showed that even rupture of the uterus has been caused in this way. The best way of moderating excessive action is perhaps by inhaling chloroform. There are two conditions of the pelvis which dispose to laceration. One is a narrow pubic arch which throws the child's head backwards upon the perinæum; the other is a too sharply-curved sacrum, with loss of mobility of the coccyx. In such cases the forceps or even craniotomy may be called for; and even if the forceps be used with the utmost skill, the perinæum may give way.

In the case of the excessive size of the child the perinæum is obviously in danger, whether the forceps be used or not. If there is a reasonable prospect of delivering a live child, and the labor is arrested, there is a clear indication for resort to the forceps. Granted a normal presentation, by judiciously seconding the natural movements of progression the forceps may save the perinæum. Two rules have to be observed. The first is to imitate or assist the alternate lateral movements of the head by gentle oscillation or pendulum action of the forceps, and by traction in the axis of the pelvis, only carrying the handles forward over the woman's belly when the occiput is so far engaged in the outlet as to permit of full extension of the head and rotation in Carus's curve. In this way strain upon the perinæum is minimized; and this manœuver is greatly assisted by "supporting the perinæum." Applying the open hand in such a manner as to make it extend the coccygeal plane and push forward the perinæum, the head is guided under the pubic arch. Thus three forces—gentle lateral leverage of the head, traction, and gradual longitudinal leverage, that is force *a fronte*, and supporting and pushing the head from below—all act concurrently in moulding and directing the head.

In this way undoubtedly the perinæum may be saved. A more serious case than even a large head is the occipito-posterior position. In this position, the occiput, instead of being gradually moulded in the sugar loaf form under the pubic arch, remains broad and flattened back upon the shoulders. The strain upon the perinæum is enormous and the pressure bears in excess upon the posterior portion, behind the fourchette. In such cases, as some of our correspondents have shown, the laceration begins at the anus, or with a perforation through the perinæum. Here the forceps is the true scientific help. By drawing the chin under the pubic arch, the face is made to revolve in Carus's curve, and the occiput made to follow : the base of the vicious wedge formed by its being jammed back against the shoulders is decomposed. Rupture almost unavoidable without the forceps, may possibly be averted by its help. But much depends upon the choice of good forceps. The single-curved forceps is not to be trusted. Our text being simply how to save the perinæum, we have strictly to consider the only cases in which the head has entered the pelvic cavity. For such cases Simpson's forceps will commonly answer. But as it is not desirable to carry two instruments where one will do the work, and as Simpson's is too short to seize the head above the brim, or even high in the pelvis, it is best to trust to Barnes' forceps, which seems to be now the one in most common use. The blades fit well on the head, the shanks between fenestra and handles are long enough to admit of locking outside the vulva ; it entails the minimum of stretching of the perinæum, and the long lever, giving full power, admits of nice graduation and accurate direction of the necessary force. The length of the instrument further facilitates the use of the hands alternately or together, thus increasing the command of the operator, not alone in nice regulation of tractile force, but by making a fulcrum on the shanks with one hand whilst leverage and traction forces are applied to the handles, the mother's parts are saved from undue pressure, and the advantage of axis-traction is obtained. Not so well, however, as by Tarnier's axis-traction forceps, an instrument which has obtained in this country the vogue it eminently deserves.

Lastly, there is the condition of the vulva itself. It may be

unduly resisting, or the head may be driven through too violently before the perinæum has had time to soften and dilate. Stormy precipitate labor is very apt to involve laceration. Another condition is a vulva too small and rigid. In such a case, if it be felt that laceration is impending, it is good practice to widen the outlet to relieve the spasmodic constriction by moderate lateral incisions, thus substituting the precisely limited aid of the surgeon for the unrestrained violence of Nature.

Lacerations of moderate extent are much more frequent than is commonly believed. Unless specially looked for they may easily escape notice. When recognized, the practical question arises: What is to be done? Slight rents are best treated by placing in the fissure a bit of lint soaked in solution of chloride of zinc. This guards against septic absorption, and cicatrization is promoted. If the rent is extensive, reaching to or invading the sphincter ani, it is the best to repair by sutures at once. But the operation must be thorough. If the parts have been much contused, crushed, during labor, primary union may be defeated, and perineorrhaphy must be deferred until after the puerperal period. This operation is now so successful that the accident of laceration has lost much of the terror it too justly inspired when, before the days of Charles Brooke, this injury was regarded as an opprobrium chirurgicorum. Is it necessary too add a word of caution as to the tendency to rush too hastily to the forceps? Correspondents differ upon this point; some perhaps resorting to it too readily, hardly giving Dame Nature a fair chance, others trusting her too much. In first labors in young women, patience is often better than the forceps. When to interpose must greatly depend upon the judgment and experience of the surgeon.—*Ed. Br. Md. Jour.*

ON THE TREATMENT OF CARBUNCLES.—Dr. E. P. Hurd, in the *Medical Age*, has this to say on the treatment of carbuncles:

“A carbuncle may be defined as a large boil, or an aggregation of boils. One characteristic is tumefaction; there is a hard, painful swelling of variable size; it is not unusual to see a carbuncle as large as a pint bowl. These swellings may appear on

any part of the body ; on the face, temples, hairy scalp, breast ; but the favorite site is the back of the neck and the buttocks.

Another characteristic is suppuration. This pus production is the effect of certain microbes which commit their ravages in the derm and in the subcutaneous cellular tissue. Prominent among these microorganisms, which cause pus formation, is the *staphylococcus pyogenes aureus*. This micrococcus being invariably associated with common carbuncle is regarded by most modern authorities as the pathogenic agent. But this same microbe, along with the *staphylococcus pyogenes albus* is also believed to be the cause of ordinary abscesses. If it be the infectious agent of boils, and carbuncles as well, we have not as yet any sufficient explanations of the greater virulence and malignancy manifested by the microbe in the carbuncular affections. Certain it is that in the carbuncle we have not merely suppuration—we have extensive necrosis also. There are shreds of dead cellular tissue spreading in various directions, and a central solid core ready to slough, or in the process of sloughing. The necrosis is generally limited to the skin, and subcutaneous cellular tissue ; it is rare that the muscles and fascia are involved.

We do not yet know how this microbe causes the death of the skin and cellular membrane. It seems to enter by the hairs of perspiratory pores and breed first in the sweat glands or hair follicles, thence it diffuses itself through the derm and cellular tissue, setting up a destructive inflammation.

Billroth supposes that this gangrene of the skin is induced by an early, perhaps primary, occlusion of small arteries, possibly of the vascular network around the sebaceous glands, but I do not know that there have been any observations to prove that such occlusion actually takes place.

That the *staphylococcus pyogenes aureus* is able of itself under certain conditions to procure furuncular inflammation is proved by an experiment of Carre upon himself. "He rubbed into the perfectly healthy skin of his arm several *staphylococcus* colonies taken from osteo-myelitic pus, and these, penetrating the excretory ducts of the cutaneous glands, produced furuncles in large number."

All physicians who have had any experience with furuncular or carbuncular diseases recognize a certain predisposition as an essential factor of the pathology. The victim of carbuncles has been debilitated by some cause; the vital resistance of the derm has been lowered and the infectious microorganism finds in the cuticular tissues a good culture field. Here is the whole story. The debilitating influence may have been fatigue, worry, a cold, vicious indulgence, excess of any kind; it is needless to say that this predisposition may also be caused by chronic disease, especially diabetes and tuberculosis.

Passing on to the subject of treatment, the author says:

"The method of crucial incisions has long been a favorite method of treating carbuncles, and certainly when thoroughly done, greatly abbreviates the duration of the malady. Some time ago I remember to have read in some medical journal a recommendation not to poultice a carbuncle when opened, but to apply a large sponge wet in some disinfectant solution, carbolic acid or corrosive sublimate.

"This is a very sensible procedure, as I can testify from experience. The sponge should be large enough completely to cover the carbuncle, and may be cut into shape so as to fit over it like a cap. Before being applied it is dipped into a sublimate solution; one part to 2000, or a two per cent. carbolic solution; a little iodoform may then be dusted into the cavity of the carbuncle, down to the bottom of the incision, and the sponge is then adjusted and confined by a few turns of a rubber bandage.

"There is no need of poulticing, for pain and tension are removed by the incisions, the microbes are more effectually stopped in their destructive depredations by the antiseptic liquid, which is thus enabled to penetrate every part, than they can be by any other method; the dead shreds of tissue will rapidly separate under the disinfectant dressing and all the discharges will soak into the sponge and be kept from putrefaction. Night and morning the dressings are renewed; the sponge, full of purulent matter and debris, is thrown into a bucket of boiling water, and afterwards cleansed, and again soaked in the sublimate solution

for fresh application. Simultaneously with the separation of the sloughs, granulations make their appearance and *restitutio ad integrum* rapidly takes place."

The author then proceeds to relate the case of a gentleman 55 years old, who had a large carbuncle on the back of his neck. A crucial incision was made under anæsthesia and the shreds of gangrenous tissue cut and curetted away, the wound being dressed afterwards as stated above, the dressing being applied twice a day. The patient was so far cured at the end of two weeks of this treatment as to be able to go to work.—*New Orleans Medical Journal*.

PRACTICAL POINTS ABOUT SURGICAL DRESSINGS.—In a report of four months' service at the Albany Hospital (*Albany Medical Annals*) Dr. A. Vander Veer says that in all 133 operations were done. In 168 cases of surgical lesions treated, there were seven deaths: two due to peritonitis, two to uremia, two to exhaustion of the disease, and two to shock. The death rate was four and one-sixth per cent.

With regard to the dressings used in these cases, he says that the methods have been very simple, and the antiseptic agents used neither new or novel. To begin with: all the gauze used was of home manufacture; that is plain gauze medicated chiefly with bichloride of mercury. Plain absorbent gauze can be bought, he says, in two-hundred yard lots at four and a half cents per yard. This can be cut conveniently and folded in five-yard pieces and treated as follows: It is immersed in a solution consisting of one part of bichloride of mercury, fifteen of tartaric acid, 150 of glycerin, and sufficient water for 1,000 parts; enough eosin is added to give a faint tint. After remaining in the solution for twelve hours the gauze is wrung dry and packed in stone ware jars ready for use. The addition of tartaric acid and glycerin he regards as very advantageous, increasing both the antiseptic and absorbent power of the gauze.

The bichloride gauze was used for making "Gamgee" pads for bandages, and for iodoform gauze, by rubbing iodoform in its

mesh. Iodoform and boric acid were used in dressing ulcers both in powder and in ointment. Boric acid solutions were used in washing the bladder and urethra before and after operations. A one-half per cent. solution of hydrogen peroxide he says was very satisfactorily used about the mouth and nose. It acts also as a powerful deodorant. For flushing wounds, 1-2,000 or 1-3,000 bichloride of mercury solutions were used. In Dr. Vander Veer's abdominal work hot water took the place of all antiseptics, except in dressing. The spray was used in the room for three days before opening the abdomen. No poisonous effects were observed during the four months from the use of antiseptics except in one case in which a slight iodoform erythema appeared upon the abdomen after an abdominal section.—*Med. and Surgical Reporter*.

GASTRIC ULCER —Dr. Longfellow, of Cincinnati, gives in the *Lancet-Clinic* a formula which he has used in gastric ulcer with very satisfactory results :

R

Liq. potass. arsenit.....	ʒi
Tinct. opii deod.....	ʒijss
Acid hydrocyanic, dil.....	ʒjss
Aqua destil. q. s. ad.....	ʒiv

M

Sig.—One teaspoonfull every three hours, after taking milk.

Minute doses of cocaine have at times been indicated, and combined with the above, with the result of decided relief of pain. All starch and sugar foods are to be withheld.

Dr. Stepp, of Newberg, according to the *Lancet*, has employed chloroform internally with good effect. He prescribes it in the proportion of "15 grains in a 5-ounce bismuth mixture." He regards it as beneficial by reason of its disinfecting, astringent and stimulating properties.—*The Journal of American Medical Association*.

SALICYLIC ACID IN THE TREATMENT OF MALIGNANT SCARLATINA.—Dr. Shakowski writes in the *Revue Mensuelle des Maladies de l'Enfance* that he has administered salicylic acid with

the greatest success in one hundred and twenty-five cases of grave scarlatina occurring in children, the mortality being reduced to three and one-half per cent. Ordinarily his method of administration was in the form of a mixture consisting of one part, of salicylic acid, to seventy-five parts of water, and thirty parts of syrup of orange-peel, a teaspoonful of this being given every hour during the day and every two hours during the night. He writes that under the influence of this remedy the temperature is rapidly reduced, in certain cases even at the end of forty-eight hours, the temperature falling four degrees. Habitually all traces of fever disappear after the tenth day of the disease. Nevertheless, the author advises to prolong the treatment for some time longer than this in progressively decreasing doses, so as to avoid any danger of relapse. Through the use of this remedy the author believes that he has avoided the most serious complications of scarlatina, such as uræmia, anasarca, and diphtheria. He claims that this medication will only be ineffectual when given too late,—that is, after the fourth day of the disease, or when there exists some grave chronic complications.—*Therapeutic Gazette*.

HYDRASTIS CANADENSIS IN UTERINE DISORDERS.—Givopiszew (*Thesis, St. Petersburg, 1887*), drawing his conclusions from a large number of clinical observations and experiments on animals, arrives at the following practical results :

Hydrastis canadensis is an excellent remedy for uterine hemorrhages due to inflammation, and mal-positions, and also for those supervening upon the menopause, and for menorrhagia and metrorrhagia. The uterine contractions caused by it are less severe than those caused by ergot. It produces no unpleasant results even when taken for a long time. It does not provoke gastro-intestinal troubles, but on the contrary, ameliorates existing dyspepsias.—*L'Union Méd du Can. May, 1889*.

ANTISEPTICS IN PARTURITION.—Dr. William Goodell (*Medical Standard*) says that he succeeded in stamping out puerperal fever from the wards of the Preston Retreat by the following procedure : "Previous to the birth of the child the vagina was cleansed by a

quart of bichloride of mercury solution (1-2000). After complete delivery the vagina was again cleansed in the same way, a suppository of iodoform introduced, and a pad of sublimate cotton (kept in place by a T-bandage) covered the vulva. My hands and those of assistants are carefully cleansed by soap and warm water and a nail brush, and dipped into a (1-1000) sublimate solution before each examination. After the introduction of this plan puerperal fever ceased."—*The Medical Age*.

CAMPHO-PHENIQUE IN ANTHRAX.—Campho-Phenique is one of the most excellent antiseptics and germicide remedies. It is especially serviceable in anthrax, for it acts as an analgesic as well as antiseptic. It may be used as follows :

After anæsthetizing, a crucial incision is made, carrying the knife well down to the healthy tissue and dissecting up to the flaps. With scissors and sharp curette remove as much as possible of the necrotic tissue, under constant irrigation of a 1-2000 bichloride solution. Then pack the wound full of absorbent cotton saturated with Campho-Phenique.—*H. C. Dalton, M.D., in Medical Standard*, July, 1889.

SULFONAL FOR NIGHT-SWEATS.—Boethrick recommends sulfonal for night-sweats. In the majority of cases the sweating ceases after the administration of half a gramme ($7\frac{1}{2}$ grains). He is of the opinion that the inhibitory action of sulfonal on the secretion of sweat is not inferior to that of atropine. Its action is so lasting that during the second night (without sulfonal) perspiration was less profuse than before the institution of the treatment.—*Jour. de Med. de Paris*.

TYPHOID FEVER.—Dr. Edson sums up the etiology of typhoid fever in the following words : First, typhoid fever never infects the atmosphere ; second, that it never rises *de novo* ; and, third, that the causes of the disease, in order of their frequency, are as follows : First, infected water ; second, infected milk ; third, infected ice ; fourth, digital infections ; fifth, infected meat.—*Pharmaceutical Era*.

NEW METHOD OF EXCISING THE WRIST. -- Mr. Edward Thompson, Surgeon to the Tyrone Infirmary, has lately described (*British Medical Journal*), a method of excising the wrist joint which he believes has not hitherto been recommended. In a case of caries of the carpal bones, in which the disease appeared to be limited to the first row of carpal bones and to the lower extremity of the radius and ulna, he determined to try to save the hand, although the patient, whose sufferings were acute, was anxious for amputation. On the back of the hand, and within half an inch of its ulnar border, there was a large shallow ulcer. The outer edge of this sore was selected as the site of incision, which ran between the tendons of the extensor communis and minimi digiti, and was about four inches in length. The joint was freely opened, so that its interior could be thoroughly examined. A gouge was then introduced, and the semilunar bone gouged completely away; then each of the neighboring bones were firmly caught with strong forceps, slowly twisted from its connections and removed. The diseased ends of the radius and ulna were gouged away, and afterwards both bones were sawn across immediately above the seat of disease. A small incision was made on each side of the joint as close as possible to the level of the floor of the joint, and a drainage tube was inserted. The wound was stuffed with iodoform gauze and dressed antiseptically. A straight splint was placed under the forearm and hand, the palm being supported on a roller bandage. Recovery was uninterrupted and speedy, and the patient has now a useful hand. Mr. Thompson claims for the method that "it is easy of performance and free from danger, and that it does not tear or injure any of the tendons, vessels, nerves or deeper structures. It is quite bloodless, and does not require removal of any portion of bone which is sound and healthy."—*London Medical Recorder*.

A VEHICLE FOR IODIDE OF POTASSIUM.—Milk as a vehicle for iodide of potassium completely masks the taste, and does not apparently interfere with the therapeutic qualities. Patients who could not tolerate ten grains when administered in water could soon take forty grains in milk with no symptoms of nausea.—*Cincinnati Clinic*.

Reviews and Book Notices

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, ISSUE OF 1889.

Edited by CHAS. E. SAJOUS, M.D., Teacher in Laryngology and Rhinology, in Jefferson Medical College, Philadelphia; and seventy Associate Editors, assisted by over 200 Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Charts. Vol. I to V. 8 vo.; Cloth. F. A. Davis, Publisher, 1231 Filbert St., Philadelphia, 1889.

This valuable publication comprises a full report of the progress of the general medical, surgical and sanitary sciences throughout the world, and presents more completely the progress of medical research and thought than any other work, and is a most valuable compilation of current medical literature.

The periodical literature of the whole world is here gathered together and placed before the reader in a clear, instructive and practical way, making it a most valuable cyclopedia of all matters pertaining to medicine. It is handsomely printed with large clear type on good paper, and substantially and elegantly bound. The following are some of improvements in the issue of 1889.

1. Foreign Weights and Thermometric Measurements have been reduced to those generally used in this country. Grammes have been reduced to ounces, drachms, grains, etc., and Centigrade degrees to Fahrenheit, both appearing side by side.
2. The Dates of all Journals referred to are mentioned in the text, thus greatly facilitating research.
3. An Index has been added to each volume besides the complete triple index at the end of the entire work.
4. The Therapeutics Column of the index, presenting a resume of all remedial measures introduced or recommended during the year, contains 48 pages more matter than the first issue.
5. Dosage not furnished by the original author and therefore

not to be found in the text, has been inserted by the editor of the therapeutics column.

6. Instead of being 54 pages in length as last year, the index is 101 pages long in this issue.

7. Four thousand quotations more than last year, received principally through the corresponding staff, increase in proportion the value of the work.

8. The practical worth of each article has been increased by giving a careful description of treatment, operations, etc., and by the reductions in weights, thermometric measurements, etc., mentioned above.

9. Two departments have been added—"Examinations for Life Insurance" and "Railway Neuroses," subjects of great importance to a large proportion of the profession; and finally

10. The volumes have been made less clumsy, notwithstanding the greater amount of matter presented, by closer calendering of the paper and avoidance, as much as possible, of all blank spaces in the text and repetitions.

CATALOGUE OF SHARP & SMITH, Importers, Manufacturers, Wholesale and Retail Dealers in Surgical Instruments, Deformity Apparatus, Artificial Limbs and Eyes, Elastic Stockings, Trusses, Crutches, Supporters, Galvanic and Faradic Batteries, and Surgical Appliances of every description. 8 vo., pp. 707. 1889.

Messrs. Sharp & Smith, No. 72 Randolph Street, Chicago, Ill., have just published a very full and complete catalogue, including everything in the way of Surgical Instruments, Appliances or Dressings, that is likely to be of service to the general or special practitioner. The prices appended so far as our experience extends seem to be quite reasonable. We suppose the book can be procured on application to them. Anyone needing anything in this line would do well to communicate with them.

SYPHILIS OF THE NERVOUS SYSTEM, by H. C. WOOD, M. D., LL. D., Twelve mo., paper, pp. 135. (Physicians' Leisure Library Series). Geo. S. Davis, Publisher, Detroit, Mich., 1889. Price 25 cents.

In this little work we have a very clear instructive, and useful demonstration of the effects of syphilis, its etiology, semiology,

diagnosis, prognosis and treatment, in its connection with the brain and nervous system. The author has had no little experience with the disease as it affects the nervous system, and his observations can but prove of interest and value.

DISEASES OF WOMEN : A Manual of Non-Surgical Gynecology, designed especially for Students and General Practitioners. By F. H. DAVENPORT, A.B., M.D., Assistant in Gynecology, Harvard Medical School; Assistant Surgeon to the Free Hospital for Women; Physician to the Department of Gynecology, Boston Dispensary. 8 vo. cloth, pp. 317, with numerous illustrations. Price, \$1.50. Lea Bros. & Co., Publishers, Philadelphia, 1889.

From the authors preface, we make the following brief extract, as showing the scope of this excellent little work.

With the present multiplicity of gynecological treatises and text-books, it may well be questioned what useful purpose a new one can serve. It has, however, seemed to me that there is no book which exactly fills the gap which this one is intended to. It has two main objects; in the first place, to give the student clearly, but with considerable detail, the elementary principles of the methods of examination, and the simple forms of treatment of the most common diseases of the pelvic organs; and, in the second place, to help the busy general practitioner to understand and treat the gynecological cases which he meets with in the course of his everyday practice.

WOOD; MEDICAL AND SURGICAL MONOGRAPHS, Vol. III, Number 3, September, 1889. Consisting of Original Treatises and complete reproduction in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. 8 vo., leatherette, pp. 244. Published monthly. Price, \$10.00 per annum, or \$1.00 per number. Wm. A. Wood & Co., Publishers, 56 and 58 LaFayette Place, New York.

The following subjects are very ably treated in the Sept. No. of this excellent series of monthly medical literature: Congestive Neurasthenia or Nerve Depression, by E. G. Whittle, M.D.; Art of Embalming, by B. W. Richardson, M.D.; Etiology, Diagnosis and Treatment of Tuberculosis, by Dr. H. Von Zeimssen; Psycho-Therapeutics or treatment by Hypnotism, by Dr. C. Lloyd

Tuckey ; Sexual Activity and the critical period in Man and Women, by Dr. Louis DeSérè ; and a full Index and Table of Contents to Vol. III.

ESSENTIALS OF PHYSIOLOGY, arranged in the form of questions and answers, prepared especially for students of medicine, by H. A. HARE, B. Sc., M. D., University of Pennsylvania. Demonstrator of Therapeutics and Instructor in Physical Diagnosis in the Medical Department, and Instructor in Physiology in the Biological Department of the University of Pennsylvania, etc. Second edition, thoroughly revised and enlarged. (Saunders's Question Compounds, No. 1), pp. 193. W. B. Saunders, 913 Walnut street, Philadelphia, Publishers, 1889.

While we have always preferred the regular standard textbook for the medical student, yet the method of arranging the subjects in the form of questions and answers is appreciated by some, as a student is sometimes at a loss to discover the important points to be remembered, and may be puzzled in attempting to formulate ideas as to the manner in which questions could be put in the examination room. Dr. Hare has very carefully prepared a very interesting series of practical questions and answers in regard to the most important points of physiology.

KILMER'S PHYSICIANS' POCKET DAY BOOK, JOURNAL AND LEDGER is a neat, concise, complete, Russia-bound book, made of the best quality of material and in the highest perfection of workmanship, $7\frac{1}{4}$ inches long, 4 inches wide, $\frac{1}{2}$ inch thick, not larger than a common pocket book, yet so perfect in its arrangements that running accounts can be kept with 432 individuals, as well as containing, "in a nutshell," all unsettled accounts of the preceeding years alphabetically and chronologically classified, so that the physician is at any and all times and places prepared to settle with the debtors, as he has their accounts always with him, thus saving every year hundreds of dollars. Its use saves the physician much time, labor and book-keeper's salary, as the one entry which he makes completes the whole work for Day Book, Journal, and Ledger, as its caption indicates.

Sent prepaid to any address upon receipt of price, \$2.00 per copy. Remit by draft on Chicago or New York, P. O. money order, or registered letter. Address,

DR. S. L. KILMER, South Bend, Ind.

Editorial.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The following is the preliminary programme of the session, to be held in Nashville, Tenn., November 12, 13 and 14, 1889. The officers are President, Hunter McGuire, M.D., LL.D., Richmond, Va.; Vice-Presidents, W. O. Roberts, M.D., Louisville, Ky., Bedford Brown, M.D., Alexandria, Va.; Secretary, W. E. B. Davis, M.D., Birmingham, Ala.; Treasurer, Hardin P. Cochran, M.D., Birmingham, Ala.; Judicial Council, John S. Cain, M.D., Nashville, Tenn., W. T. Briggs, M.D., Nashville, Tenn., J. M. Taylor, M.D., Corinth, Miss., DeSaussure Ford, M.D., Augusta, Ga., Virgil O. Hardon, M.D., Atlanta, Ga.; Chairman of the Committee of Arrangements, Duncan Eve, M.D., Nashville, Tenn.

The following papers will be read:

The President's Annual Address, Hunter McGuire, M.D., LL.D., Richmond, Va.

Report of Gynecological Work, with Especial Reference to Methods, R. B. Maury, M.D., Memphis, Tenn.

Direct Herniotomy, with Cases, W. O. Roberts, M.D., Louisville, Ky.

Open Abdominal Treatment, B. E. Hadra, M.D., Galveston, Texas.

The Abortive Treatment of Acute Pelvic Inflammation, Virgil O. Hardon, M.D., Atlanta, Ga.

The Importance of Early Treatment of Inflammatory Affections of the Uterus, Wm. C. Dabney, University of Virginia.

The Relation of the Nerve System to Reparative Surgery, Thomas O. Summers, M.D., Jacksonville, Fla.

Concerning the Causes of Frequent Failure of Relief of Reflex Symptoms after Trachelorrhaphy, W. F. Hyer, M.D., Meridian, Miss.

Cranial Surgery, DeSaussure Ford, M.D., Augusta, Ga.

The Treatment of Ectopic Pregnancy, W. H. Wathen, M.D., Louisville, Ky.

Laparotomy in Extra-uterine Pregnancy, Waldo Briggs, M.D., St. Louis, Mo.

Epithelioma of the Penis, with the Report of a Case, David W. Yandell, M.D., Louisville, Ky.

Laparotomy in Intestinal Obstruction, O. Kollock, M.D., Cheraw, S. C.

An Experimental Study of Intestinal Anastomosis, John D. S. Davis, M.D., Birmingham, Ala.

Operative Interference in Ascites, Hugh M. Taylor, M.D., Richmond, Va.

Observations Pertaining to Pregnancy and Parturition, W. Duncan, M.D., Savannah, Ga.

Puerperal Convulsions, John Herbert Claiborne, M.D., Petersburg, Va.

Some Remarks upon Aneurisms, Relating more especially to their Surgical Treatment, F. T. Meriwether, M.D., Asheville, N. C.

Coccygodynia and its Treatment, Hunter P. Cooper, M.D., Atlanta, Ga.

The Improved Cæsarean Section *versus* Craniotomy, W. D. Haggard, M.D., Nashville, Tenn.

Conservative Surgery in Injuries of the Foot, J. T. Wilson, M.D., Sherman, Texas.

Gunshot Fractures of the Femur, John Brownrigg, M.D., Columbus, Miss.

Tropho-neurosis as a Factor, in the Phenomena of Syphilis, G. Frank Lydston, Chicago, Ill.

Trophic Changes Following Nerve Injury in Fractures, with a Report of Two Cases, Wm. Perrin Nicholson, M.D., Atlanta, Ga.

Treatment of Malignant Diseases of the Rectum, W. T. Briggs, M.D., Nashville, Tenn.

The Achievements of Modern Surgery, J. Ewing Mears, M.D., Philadelphia, Pa.

The Treatment of the Pedicle in Supra-pubic Hysterectomy, Wm. M. Polk, M.D., New York.

Papers have been promised by W. B. Rogers, M.D., Memphis, Tenn., L. S. McMurtry, M.D., Danville, Ky., E. J. Beall, M.D., Fort Worth, Texas, E. Burke Haywood, M.D., Raleigh, N. C., Paul B. Barringer, M.D., University of Virginia, J. F. Y. Payne, M.D., Galveston, Texas, and Joseph Price, M.D., Philadelphia, Pa.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF TENNESSEE, NASHVILLE MEDICAL COLLEGE.

The fifteenth annual course of instruction of this excellent institution began Monday, September the 2nd, with a larger class in attendance than any previous year. With the preliminary month of September over 150 students have been in attendance, double the number of its most prosperous preceeding session.

With material and valuable additions to its Pathelyrical, Physiological and Anatomical museum and its Physiological and Chenehal laboratories, excellent additions to its faculty, and with hospital and clinical facilities equal to any medical school on the continent, its present class will undoubtedly number over 300 students with the present month of October, the first month of its regular session.

Its alumni, who are to be found among the most successful practitioners of the South and West may well be proud of their alumnata.

THERAPEUTIC NOTES OF SOME OF THE NEWER MEDICAMENTS.

CONDURANGO WINE.

Although condurango has not entirely justified the claims made for it in the treatment of cancer, the experiments made with it have demonstrated its utility as a stomachic, and in the form of condurango wine it has grown to be very much in demand, especially in Europe. One fluidounce of the wine represents 60 grains of condurango bark. Dose, one-half to one fluidounce. Parke, Davis & Co. supply the wine and also a fluid and solid extract of this drug, and will also mail, on request a working bulletin on condurango to physicians who wish more detailed information concerning it.

ARSENITE OF COPPER TABLETS, 1-100 GRAIN.

An article by Dr. J. Aulde on the application of arsenite of copper in bowel affections, and especially in the diarrhoea of typhoid fever, was published in the July, 1889, *Therapeutic Gazette*. The results obtained by this investigation were so favorable to this remedy that Parke, Davis & Co. added to their list of tablets a 1-100 grain arsenite of copper tablet, which makes a convenient method of preparing the solution commended by Dr. Aulde. One tablet should be dissolved

in three, four to six ounces of water, of which the dose is a teaspoonful. Reprints of Dr. Aulde's article furnished physicians by Parke, Davis & Co. on request.

PIL. SALINE CHALYBEATE TONIC (FLINT'S).

In the *New York Medical Journal*, May 18, 1889, Prof. Austin Flint, M.D., speaks very highly of the following formula as a tonic in Bright's disease, and also in simple anæmia, stating that he has given it in nearly every case in private practice in which a chalybeate tonic was indicated for some time past, and in only one case out of thirty-five did it fail to cause marked improvement. Prof. Flint states also that in five cases of Bright's disease, of which he has notes, this formula was the only medicinal remedy employed. In all cases the tonic seemed to exert an influence on the quantity of albumin in the urine. Dr. Flint's formula is as follows :

R	Sodii chloridi (C P.).....	3 iij.
	Potassii chloridi (C P.).....	gr. ix.
	Potassii sulph. (C P.).....	gr. vi.
	Potassii carb.....	gr. iij.
	Sodii carb (C P.).....	gr. xxxvj.
	Magnes. carb.....	gr. iij.
	Calc. phos. præcip.....	3 ss.
	Calc. carb.....	gr. iij.
	Ferri redacti.....	gr. xxvj.
	Ferri carb.....	gr. iij.

M.—In capsules, No. 60.

Sig.—Two capsules three times daily, after eating.

In the great Majority of the cases of anæmia, etc., in which iron was strongly indicated, the tonic seemed to act much more promptly and favorably than the chalybeates usually employed. In a certain number of cases in which patients stated that "they could not take iron in any form," the tonic produced no unpleasant effects.

This formula is now furnished by Parke, Davis & Co. in pill form, and reprints of Dr. Flint's article from the *New York Medical Journal* will be sent to doctors indicating their wish for them.

SALIX NIGRA.

This remedy has been used with much success as a sexual sedative in the treatment of masturbation, excessive venery, spermatorrhœa and ovarian disease. As a sexual sedative the fluid extract of the buds is considered the most efficient. Dose, $\frac{1}{4}$ to 1 fluidrachm, not miscible

with water. As a general tonic and antiperiodic the fluid extract of the bark is employed with advantage. Parke, Davis & Co. make both these extracts and will mail to the medical profession on demand working bulletin giving botanical description, medical activity, use and notes of cases.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

We regret that we were unable to be present at its meeting. A communication from Dr. E. S. McKee, of 57 West Seventh street, Cincinnati, O., contains the following :

"The Mississippi Valley Medical Association, on the 10th, 11th and 12th of September, 1889, met in its fifteenth annual session at Evansville, Ind., the Crescent City of the Ohio. Dr. A. M. Owen, Chairman of the Committee of Arrangements, had everything to perfection. The President of the Association, Dr. Geo. F. Cook, of Indianapolis, presided over the meeting. He waived his right to make a presidential address in view of the amount of scientific work to be done, as the program showed ninety-eight papers to be read. The majority of these were read during the three days session though the time for discussion was rather limited. Much time was saved by grouping papers on kindred topics and discussing them together.

The election of officers resulted as follows: President, Dr. Joseph M. Matthews, of Louisville, Ky.; First Vice-President, Dr. E. R. Barley, Ridgeway, Pa.; Second Vice President, Dr. T. P. Harvey, Indianapolis, Ind.; Permanent Secretary, Dr. E. S. McKee, Cincinnati; Treasurer, Dr. C. F. McCahan, Chattanooga, Tenn.; Chairman of Committee of Arrangements, Dr. I. N. Bloom, Louisville, Ky. Louisville was chosen as the next place of meeting, on September 9, 10 and 11, 1889.

To attempt to describe ninety-eight papers would be entirely beyond the scope of this report and will not be undertaken further than to say that all were good and many were excellent, showing that the physicians of the Mississippi Valley are up to the times and are as full of energy as many of their patients are of malaria.

The social features of the evening were not of little import. On the evening of the first day a banquet was given in a beautiful grove just out of the city which was rendered perfect by perfect weather, everything else having been perfected beforehand. A number of

toasts were responded to, which were called out by the ever eloquent toast master, Dr. I. N. Love, of St. Louis. A complimentary concert and ball were given on the evening of the second day, and many private social engagements were met. Evansville and her doctors covered themselves with glory.

A NEW MEDICAL SOCIETY.—The following call has been issued :

The members of the medical profession in Alabama, Georgia and Tennessee are requested to meet in Chattanooga on the Third Tuesday in October, for the purpose of forming a Tri-State Medical Association. All will be admitted to the meeting of the Association, but the membership will be restricted to graduates of regular Medical Colleges in good standing.

This call is signed by committees from Jackson County, Ala., Medical Society ; Chattanooga, Tenn., Medical Society ; Cleveland, Tenn., Medical Society ; Cartersville, Ga., Medical Society ; Dalton, Ga., Medical Society.

It is hoped that there will be a general turnout of the profession. Papers of interest have been promised by prominent men.

This organization will be independent of all other societies. It will be an association of individual members of the Profession of Medicine, and will be managed in the interest of medical progress. You are earnestly requested to be present and participate in the exercises.

The session will continue two days. If you desire to read a paper or exhibit a specimen, please notify the undersigned at an early date.

Another circular will be issued in due time announcing the titles and authors of papers.

Fraternally yours,

FRANK TRESTER SMITH, M.D.,

Secretary of Committee.

AMERICAN PUBLIC HEALTH ASSOCIATION, BROOKLYN, 1889.—The seventeenth annual meeting of this Association will be held in the hall of the Brooklyn Institute. Washington and Concord streets, Brooklyn, N. Y., October 22, 23, 24 and 25. Addresses of welcome will be delivered by Hon. Alfred C. Chapin, Mayor, on behalf of the city, and by Alexander Hutchins, M. D., on behalf of the medical profession. The following topics have been selected for consideration at the meeting:

1. The Causes and Prevention of Infant Mortality.
2. Railway Sanitation. (a) Heating and ventilation of railway

passenger coaches. (b) Water supply, water closets, etc. (c) Carrying passengers infected with communicable diseases.

3. Steamship Sanitation.

4. Methods of Scientific Cooking.

5. Yellow Fever. (a) The unprotected avenues through which yellow fever is liable to be brought into the United States. (b) The sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever. (c) The course to be taken by local health authorities upon the outbreak of yellow fever.

6. The Prevention and Restriction of Tuberculosis in Man.

7. Methods of Prevention of Diphtheria, with Results of Such Methods.

8. How Far Should Health Authorities be Permitted to Apply Known Preventive Measures for the Control of Diphtheria.

9. Compulsory Vaccination.

10. Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions.

IRVING A. WATSON, M. D., *Secretary*.

The following exhibition of sanitary goods and appliances will be made in another large hall close by.

Division 1.—The Dwelling.

Division 2.—Schools and Education.

Division 3.—Factories and Workshops.

Division 4.—Clothing and Dress.

Division 5.—Food.

Division 6.—Sanitary Engineering.

Division 7.—Public Health Administration in Cities and Towns.

Division 8.—The Laboratory.

Division 9.—Red Cross Section.

Committee on Exhibits.—Col. J. W. Adams, C. E., 153 Congress street, Brooklyn; Robt. Van Buren, C. E., Department of Public Works, Brooklyn; A. L. Gihon, M. D., U. S. N., U. S. Naval Hospital, Brooklyn; W. C. Ottarson, M. D., 144 Pierrepont street, Brooklyn; Jerome Walker, M. D., 8 Seventh avenue, Brooklyn; E. D. Bailey, M. D., 214 Madison avenue, Brooklyn; Stephen Smith, M. D., 574 Madison avenue, New York; Wm. E. Worthen, C. E., 53 Bleecker street, New York; E. H. Janes, M. D., 208 W. Forty-second street, New York; Elisha Winter, 213 Twenty-third street, New York; W. K. Newton, M. D., Paterson, New Jersey.

A. N. BELL, M. D., *Chairman*,

113A Second Place, Brooklyn.

E. H. BARTLEY, M. D., *Secretary*,
21 Lafayette Avenue, Brooklyn.

TONGALINE is a most excellent remedy for rheumatism and neuralgia, either alone or in combination with other drugs. In malarial neuralgia combined with quinia; in articular rheumatism with antipyrin; in nervous headaches with the bromides; and in syphilitic rheumatism with the iodides, it has given most excellent results.

VIBRUNATED CELERY is a combination of celery, black haw, guarana and columbo, prepared by an improved process of special percolation, in which the activity of the excellent remedies is secured and a constant uniformity is preserved.

It is a most excellent nervine, stimulant, anti-spasmodic, tonic and diuretic.

PONCA COMPOUND prepared in tablets is a combination of Ext. Ponca, 3 grs.; Ext. Michella Repens, 1 gr.; Caulophyllin, $\frac{1}{4}$ gr.; Viburnin, $\frac{1}{8}$ gr., and is a valuable uterine alterative and oxytocic. It will prove of great benefit in uterine displacements, metritis, endometritis, subinvolution, menorrhagia, leucorrhœa, dysmenorrhœa, ovarian neuralgia and inflammation. It will check threatened abortion, and miscarriage; restore suppressed menstruation from cold; remove painful symptoms of pregnancy, relieve after pains and aid in involution.

These excellent preparations are all prepared by the well known Mellier Drug Co., of St. Louis, Mo. They have been tried many times by many reliable physicians and have proven most satisfactory.

IN FERMENTATIVE DISORDERS OF THE STOMACH, and in corresponding forms of diarrhœa, we consider Listerine certainly a safe, and also a valuable preparation. It is not at all unpleasant to take when properly diluted; especially, then, as an internal antiseptic do we recommend its use. It is, however, largely used as an external antiseptic, and its oily constituents give it a more healing and penetrating power than is possessed by a purely mineral solution. As a toilet antiseptic to use after a post-mortem or similar work, Listerine, with its pleasant odor, needs only to be tried to find a permanent place there. Listerine is a very attractive-looking preparation, the liquid being crystal clear, with no sediment or undissolved oils whatever. The Lambert Ph. Co., have introduced their product strictly through the profession, which attests their faith in its efficiency.—*Maritime Medical News, Halifax, N. S.*

GLYCERINE SUPPOSITORIES: This invaluable "peristaltic persuader" is prepared in a most excellent and improved manner by Messrs. Eli Lilly & Co., of Indianapolis and Kansas City. Their suppositories

contain 95 per cent. of glycerin. and a beauty of their construction is the peculiar water-proof covering of each suppository, which is so readily and easily removed. By simply pressing upon or slightly squeezing the suppository between the fingers it slips out with astonishing ease, leaving the covering between the fingers. A great improvement, as anyone will readily recognize, who has ever made the effort to divest one of the ordinary suppositories from its lead foil and tissue paper envelope.

DR. R. M. HUTCHINS, who was located in the Indian Territory states: "I believe Ponca has a more decided *alterative* action upon the uterus and uterine mucous membranes than any known remedy. Under its internal administration I have seen long standing ulcerations heal, foul discharges cease, a spongy, inflamed and enlarged uterus reduced in size and become firm and healthy. In subinvolution it is invaluable, soon relieving such symptoms as headache, sideache, backache, bearing down feelings, bladder troubles, bloated abdomen, indigestion, constipation and many other symptoms that are a consequence of this condition.

FEBRILINE OF PARIS MEDICINE CO.—For twenty-two years Mr. E. W. Grove, who is the president and general manager for the company, has been experimenting, and five years ago his efforts were crowned with success in perfecting a tasteless substitute for bitter quinine, acknowledged by leading physicians as possessing all the merits of the sulphate of quinine, and its rapid sale attests its reliability.

For instance, in June, 1888, the total shipments were only \$835, and for June past they were \$2,610; for July, 1888, \$900, and for same month this year, \$3,800. The sales in August, 1888, aggregated \$1,000, and for August, 1889, the shipment amounted to \$9,275.

CHRONIC PULMONARY CATARRH.—J. S. Swain, L.K.Q.C.P. & L.R.C.S., 37 Park Lane Terrace, London, England, says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* in the following case: Mr. C., aged about 35, suffering from chronic pulmonary catarrh, with pain in left side and great expectoration, cough paroxysmal and lasting some minutes; gave Extract *Pinus Canadensis* internally; after second bottle the expectoration was less, pain in side left, and felt more in throat, and he coughs less, and feels better in himself.

FALSE SWEARING.

*Fictitious Court Decisions Backed Up by Lying Affidavits for the Sake of Selling a Substitute Extract.***To the Medical Profession :**

Physicians who have been induced to prescribe the *substitute* Hoff's Malt Extract, which is put up in a *short, squatty bottle*, bearing the name of "Johann Hoff" and "Moritz Eisner" on the neck and sold as the genuine or the imported Hoff's Malt Extract, will no doubt be surprised to learn that the proprietors of that article have just been convicted in a Berlin Court of circulating a fictitious and maliciously false court decision and of swearing to a false affidavit.

The *genuine* Hoff's Malt Extract was introduced into this country in 1866 by the manufacturer, Mr. Leopold Hoff, of Hamburg, and *was then sold in a short, squatty bottle*. In 1869 a new slender and handsome green bottle was adopted for the sales in this market and the agency for the United States and the British Provinces of North America was transferred to us.

In 1880 a *new firm*, styling itself "Johann Hoff," started up in Berlin, and began *mixing* and putting on the market a *substitute Hoff's Malt Extract*. Moritz Eisner, then of Philadelphia, now of the Eisner & Mendelson Company, No. 6 Barclay street, New York, became the American agent.

The manufacturers of this *substitute* adopted the bottle which had been abandoned for this market, and there is no doubt but that this led to some confusion.

Lawsuits followed, both in this country and in Germany, and *in every instance the cases were dismissed at the cost of this new firm*. They then appealed to the Supreme Court of the German Empire. On a technicality the case was sent back to the lower court for a retrial. In May, 1887, there appeared in various trade and medical journals (and notably in the *Oil, Paint and Drug Reporter*, of New York) an article headed "Another Court Decision on Hoff's Malt Extract." It reflected severely upon our firm and upon Mr. Leopold Hoff. It purported to be the decision of the Supreme Court of the German Empire and was

signed "Reuling, Judge." We promptly denied the authenticity of this document, as did Mr. Leopold Hoff, whereupon the Eisner & Mendelson Company, in a letter printed in the *Oil, Paint and Drug Reporter*, of June 22, 1887, without attempting to answer our allegations concerning the spurious character of the article whose insertion was caused by them, stated that they had in their possession an exact copy of the decision of the German Supreme Court for any one's perusal, and printed in the letter the names in full of the judges who signed the genuine decision. If they had, they must have known the document which had already appeared, and which was freely circulated through the mails over a year afterwards, was fraudulent. An investigation proved the document to be a *garbled copy* of the plea of a lawyer, named Reuling, who argued the case of the firm styling itself Johann Hoff before the German Supreme Court.

In January, 1888, Max Martin Hoff, one of the partners of the so-called firm "Johann Hoff," for whom the Eisner & Mendelson Company are agents, made an affidavit before a Philadelphia notary public that their lawyer's plea, which had been published as the decision of the Supreme Court of the German Empire, was a *true* and *correct* copy of that decision, and this lying affidavit with the false court decision were printed side by side and circulated extensively among the medical men and drug trade of this country. At the time he made this affidavit he was then in Philadelphia, superintending the mixing of the substitute article on the premises of the G. Manz Brewing Company, Sixth and Clearfield streets.

Copies of these publications being sent to Mr. Leopold Hoff, he promptly sued the Berlin firm for damages and to enjoin them from their further circulation, and on June 13, 1889, the following decision was rendered, which we reproduce as cabled to us by Mr. Lang, the then U. S. Consul at Hamburg, per our request:

"HAMBURG, June 28, 1889.

"Tarrant & Co., New York: As requested, I send extract translated from certified decision of the Berlin Court Prussian Royal Landgericht, rendered June 13, 1889, in the case of Leopold Hoff *vs.* 'Johann Hoff':

"Defendants admit that they have sent to Eisner & Mendelson the paper filed by their lawyer, Reuling, in the Hamburg Revision case. It is not to be doubted that defendants have done it in order

that the paper should be used by their agents for advertising their preparation against plaintiff and Tarrant & Co.

"The defendants say the publication was only an error of their agents (Eisner & Mendelson Co.), but it is clear that the defendants have directly ordered their agents to publish their own paper as the decision of the Reichgericht. According to the opinion of the Court this intention existed from the beginning. Max Martin Hoff *admits* having confirmed the statement that the published decision is that of Reichgericht, but it is proved that *he has sworn to it*. By signing the affidavit he has acted carelessly in the highest degree if he has sworn without taking notice of the contents of the paper and it must be taken that Max Martin Hoff swore to the paper with the intention of maintaining the publication that the same is the decision of the Reichgericht.

"Decision as to the amount of damages is reserved.

"(Signed) LANG, U. S. Consul."

What a terrible rebuke this is to both the proprietors and the agents of this substitute extract!

What confidence can be placed in the virtue of a preparation or upon the claim of a firm convicted of circulating false court decisions and of swearing to lying affidavits?

Will the medical profession jeopardize the health of their patients by allowing them to take the *mixtures* of such unprincipled parties?

Whether they *mix* their preparation in Berlin or in Philadelphia, any physician who will take the trouble to examine it will find it to be a light, sour and nauseous liquid, bearing evidence in odor, taste and appearance of a *doctored beer*, having the effect of a stimulant, while the genuine and original Hoff's Malt, "*Tarrant's*," is a *nutrient*. In this connection we desire to say that complaints frequently reach us to the effect that "patients are nauseated and unable to retain the Malt, but upon investigation we have found in every instance that it was *the substitute Hoff's Malt* that was complained of. We have also learned that, failing to get results from using the *squatty bottle*, many physicians (supposing that to be the genuine article) have abandoned the use of Hoff's Malt.

In order to protect physicians and their patients, and draw an unmistakable line between the *original* and the substitute, the original and genuine imported preparation is now labeled

Hoff's Malt Extract, *Tarrant's*,

and if, when prescribing, physicians will specify "Tarrant" no mistake can occur. The genuine article, as stated above, is put up in a slender green bottle. It is of agreeable taste and besides being the original it is undoubtedly the best liquid malt on the market.

It is recognized by many of our leading physicians as a standard nutritive tonic for convalescents, nursing mothers, sick children and in all wasting diseases. It is a safe, pleasant appetizer and invigorant, and was recommended by no less an authority than the late J. Milner Fothergill, M. D., as a food in typhoid fever.

Hoff's Malt, *Tarrant's*, has been imported continuously by us from Hamburg since 1869, and all that we have ever received or sold has been manufactured in the factory of Mr. Leopold Hoff, who originally introduced this preparation into the United States in 1866.

TARRANT & CO., New York.

Established 1834.

VOMITING IN PREGNANCY.—Dr. E. J. Beall, of Fort Worth, Texas, recommends the following combination for the vomiting of pregnancy.

R Ext. Columbæ.....℥ʒj.
 Calcu. Phos. precip.....ʒʒij.
 Aq. Ment. pip. ad.....ʒʒij.

M.

Sig.—Shake. Two teaspoonsful pro re nata.

In addition to the foregoing, if needed, tampons of glycerine may be applied against the cervix uteri.

This treatment he has found gave relief, where divulsion of the cervix, cerium, nux-vomica, bismuth, ingluvin, carbolic acid, etc., had failed.

NINETY-NINE per cent. of ambition to try, and one per cent. of talent, is all that is necessary to success in whatever we undertake.—*Scientific American*.

MEASLES.—In measles, if the temperature is high when the eruption has faded, there are complications.—*Brief*.

VOLTAIRE defined medicine to be "the art of amusing the patient whilst nature cured the disease."—*Brief*.

FELLOWS' HYPOPHOSPHITES: This excellent standard preparation still continues to give the greatest satisfaction to all who use it. It contains the essential elements to the animal organization; the oxidizing agents, tonics and the vitalizing constituent. It is pleasant to the taste, acceptable to the stomach and has justly earned a high reputation throughout the civilized world. From its exerting a decided tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

QUERIES WANTED.—At the San Francisco meeting of the American Pharmaceutical Association a resolution was passed requesting the members to propose such queries as they would like to see answered next year. Such queries should be forwarded at once to the chairman of the section on scientific papers, H. M. Whelpley, St. Louis, Mo. Members who have decided to write papers should send the titles to the same address.

KATHARMON CHEMICAL CO., St. Louis, Mo.—Gentlemen: I have used your Katharmon and find it an excellent preparation as an anti-septic, in general Surgical Practice.

T. GRISWOLD COMSTOCK, A. M., PH. D., M. D.

St. Louis, Mo., August 23, 1889.

PAPINE.—L. C. Carr, M.D., Professor Obstetrics Cincinnati College Medicine and Surgery, Cincinnati, Ohio, says:

I have given Papine (Battl) a fair trial and am well pleased with its action, especially so in the case of an infant suffering with an attack of convulsions. Its action was speedy and safe.

WE desire to call attention to Viburnated Celery, prepared by the Mellier Drug Company of St. Louis, which will be found a most desirable combination for nervous prostration, brain Exhaustion, and, all forms of mental and physical debility.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

TOMMY—Mammie, me and Maudie have been playing doctor. I just give her some medicine in a spoon and she lies down and dies.—
Life.

CONTENTS FOR OCTOBER, 1889.

ORIGINAL COMMUNICATIONS :—

President's Address to the Southern Dental Association. By J. Y. Crawford, M.D., D.D.S	411
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CORRESPONDENCE :—

Philadelphia Letter	421
-------------------------------	-----

SELECTIONS :—

Hydriodic Acid	425
The Forceps and the Perinæum	429
On the Treatment of Carbuncles	432
Practical Points about Surgical Dressings	435
Gastric Ulcers	436
Salicylic Acid in the Treatment of Malignant Scarlatina	436
Hydrastis Canadensis in Uterine Disorders	437
Antiseptics in Parturition	437
Campho-Phenique in Anthrax	438
Sulfonal for Night Sweats	438
Typhoid Fever	438
New Method of Excising the Wrist	439
A Vehicle for Iodide of Potassium	439

EDITORIAL, REVIEWS, ETC :—

Book Notices	440
The Southern Surgical and Gynecological Association	444
Medical Department of the University of Tennessee, Nash- ville Medical College	446
Therapeutic Notes of some of the Newer Medicaments	446
Mississippi Valley Medical Association	448
A New Medical Society	449
American Public Health Association	449
In Fermentative Disorders of the Stomach	451
Glycerine Suppositories	451
Chronic Pulmonary Catarrh	452
Editorial Items	452
False Swearing	453

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

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NASHVILLE, NOVEMBER, 1889.

No. 11.

Original Communications.

CLINICAL MORPHOLOGY VS. BACTERIOLOGY WITH SOME THERAPEUTIC DEDUCTIONS.

BY JOHN ASHBURTON CUTTER, M. D., B. S., OF NEW YORK CITY.

Read before the Mississippi Valley Medical Association at its fifteenth annual meeting, September 11, 1889, and illustrated by lantern slides of microphotographs taken with the 1-5, 1-10, 1-16, 1-50, and 1-75th inch objectives.

The following is an abstract :

What is Clinical Morphology? Morphology is the science of form. Clinical Morphology covers the form elements that the clinician sees in his daily work with his patients ; the position in bed ; the lines of the face ; the attitude assumed in walking and sitting ; all come under the term Clinical Morphology, but for our purpose to-day, we will consider clinical morphology to be the description of the form elements found in the blood, the urine, the sputum, the skin, the feces and foods.

What is Bacteriology? The science of bacteria. What are bacteria? Very small bodies which are hard to place. They have been classified under the heading of schizomycetes of the confervoid algæ. A good definition of algæ is, that they are plants that produce oxygen, and of fungi, that they produce carbonic acid gas.

We proceed to the concrete side of our subject, and will consider briefly the *much advertised infants' foods, asthma, rheumatism and tuberculosis.*

Infants' Foods. It will go without saying that bacteriology has little field of work in the artificial infants' foods. Yet the opportunities offered for clinical morphological investigations are great and of much importance. Take for instance, "Imperial Granum;" the author of the Clinical Morphologies showed years ago that, though the claims of the manufacturers were that this preparation was "amorphous," a solid extract, the salvator of the human race, etc., etc., it was decidedly morphological, containing starch grains, to say no more, and the Connecticut Agricultural Experiment Station has backed up the statement of the morphologist by chemical examinations which show that "Imperial Granum" is common flour.

Any physician who has an infant food sent him for examination should place the food under the microscope, study for gluten cells, starch cells, cellulose, the connective tissues of the various grains; see if it is an amorphous, homogeneous mass made up of decidedly morphological elements. A food may be a first class one chemically, yet contain so much cellulose, that it is unfit for the stomach. The paper published in 1882 in *Gaillard's Medical Journal* on Cereal Foods, by E. Cutter, illustrated by cuts of microscopical drawings, created much attention as being the first to enter a new field as to foods, to-wit: the morphological: *chemistry and clinical morphology should go together.*

* * * * *

The therapeutic deduction is: Feed the mothers during gestation and lactation on such food that they will have milk enough to nurse their children, summer or winter. Our plan is, two-

thirds animal and one-third vegetable, with one meat and one vegetable at a meal.

MORPHOLOGY OF THE SPUTUM IN ASTHMA.

* The following in quotations is from the work entitled, "The Clinical Morphologies," by Ephraim Cutter, M. D., L. L. D. Published by the author, New York :

"Cholesterin ;" "Cystin ;" "Oxalate of lime ;" "Phosphate of lime ;" "Triple phosphates ;" "Uric acid and water ;" "Calculi made up of these salts ;" "Contents of giant cells escaped outside the walls ;" "Crystals with two or more terminals ;" "Foreign substance inhaled ;" "Fusiform crystals ;" "Gravel crystalline, gravel granular, gravel massive ;" "Mucous corpuscles distended with albuminoids ; with crystalline and other bodies ; with cystin ; with giant cells ; with melanotic matters ; with oxalate of lime ; with triple phosphates ; with uric acid and urates." "Other crystals whose names have not been made out." "Spirilina splendens, Salisbury, 1865."

The therapeutical indication from this morphology in asthma is to feed the cases so that there will be the minimum of fermentation and thus stop the paralyzing action of the carbonic acid, etc., on the eliminative glands ; give tonic and liquifying medicines, and if the case is watched closely and will follow the orders to the letter, a cure may be expected in time. It hardly needs to be said that bacteriology is far behind clinical morphology because it can only treat of bacteria, yet clinical morphology is able to show physical causes of asthma and hay fever.

THE MORPHOLOGY OF THE BLOOD.*

Mode of Study. "It is necessary to have the patient, the microscope, the light, the means of withdrawal of the blood—a lancet, spring lancet, the scarificator of the writer (E. Cutter), or a needle, which is not the best thing—all together.

"There is no such thing as taking the blood home to examine. The changes are so rapid that most of the important ones disappear in ten minutes time. Still, after these are gone, many valuable points remain to be looked for.

"*Kind of Blood.*—The capillary—not the venous or arterial.

*See Clinical Morphology, E. Cutter.

"Site of Withdrawal."—On the radial or ulnar side of the forearm near the wrist. The skin should be clean and free from hair. If dirty, wash with soapsuds or ammonia water. (It is well that the beginner should study the skin surface, dirt, and epithelium before looking at the blood). Take the patient's forearm in the hand, and make the skin tense in the interval between the thumb and fore-finger. The tension of the grip will squeeze out a drop of blood. The size of the drop should bear a direct relation to the size of the cover. Very much depends on handling the drop of blood rightly. When the drop evenly diffuses itself it is to be presumed that the film is about uniform in thickness, so that one can judge somewhat as to the comparative number of corpuscles in each specimen. The process of transferring the blood should take only a few seconds of time; a fraction should be sufficient.

"MORPHOLOGY OF THE BLOOD IN HEALTH."*

"Color."—Bright, fresh, clear, ruddy, strong.

"Clotting."—Rapid and firm.

"Red Corpuscles."—Arrange themselves in nummulations, or are scattered evenly over the field. Normal in size. Non-adhesive. Central depression well marked on both sides; periphery well rounded, clean cut. Hold coloring matter firmly. Pass readily to and fro through the fibrin filaments; appear fresh and fair.

"White Corpuscles."—Normal in size. Not enlarged by internal collection of foreign bodies. Amœboid movements, strong or not. Proportion, one to three hundred of red corpuscles. Consistence good. Not sticky. Color, a clean white. Freely moving at will.

"Serum."—Clear and free at first sight from any form. After five minutes, most delicate, semi-transparent filaments appear forming a very light network in the field, which offers no obstacle to the passage of the corpuscles.

"There should be no spores nor vegetations in healthy serum, though they may be found by very minute examination, or by

* See Clinical Morphologies, E. Cutter.

letting the blood stand for several days in closely stopped phials at a temperature of from 60° to 75° Fahrenheit. This is not saying that spores and filaments cannot be found in blood of persons calling themselves healthy—for some diseases exist in a latent condition, like *rheumatism*, *syphilis*, *cystinæmia* and *consumption*. I have met with people who, on finding vegetations in their blood, have decided not to accept the evidence because they deemed themselves healthy. Again, it is difficult to find a perfectly healthy person in a community; this was made public during the "late unpleasantness," when drafts were made for soldiers. The blood evidence must be taken in connection with that of other physical signs.

"MORPHOLOGY OF THE BLOOD IN RHEUMATISM."

The red corpuscles are sticky, forming large masses; this is due to the excessive development of the fibrin filaments which form a strong network across the field and render the blood molasses like. The white corpuscles are distended more or less with the crystalline matters present.

In the serum interspaces, besides the fibrin filaments in excess are found the following crystalline bodies: Uric acid and urates; phosphates specially the triple phosphates of lime and soda; oxalate of lime; cystine, quite common and easily detected; carbonate of lime, rare; stelline or stellurine, these occurring mostly in granular form, but in old cases where the system is saturated, they are crystalline, black, brown, anniline blue, bronze, red, and yellow pigments in the forms of flakes or small masses are common in rheumatic blood.

(Readers of this extract will find this morphology described to a much greater extent in the *Clinical Morphologies*, E. Cutter.)

"LATENT CONDITION OF THE CHARACTERISTICS OF RHEUMATIC BLOOD."*

"The morphology of rheumatic blood exists in a latent condition in persons apparently well; but when they are exposed to cold, the blood-vessels contract, catch and detain these abnormal elements, and we have a stasis of the blood which may be active or passive and manifests itself in heat, fever, pain, swelling, in-

* *Clinical Morphologies*.

flammation or passive congestion, effusion, etc., and which make up what is known as an "attack of rheumatism."

"Fibræmia* is where the fibrin is in excess in filaments, skeins, curled massive fibres like strings—thrombi and emboli. These are in a more exaggerated condition and form than in consumption or rheumatism, and are necessarily associated with the crystalline matters or gravel. Sometimes the fibres look like a scalp that has been taken from the head of a woman with long tresses of hair.

"Thrombosis* is where masses of fibrin accrete and consolidate together, including or not the red corpuscles, white corpuscles, crystalline and pigmentary bodies, spores and mycelial filaments or vegetations, one or all.

"Embolism* is where a thrombus has been caught or engaged in a blood-vessel and acts as a plug disturbing the circulation.

"*Pre-Embolie State.*—"As thrombi precede emboli, so they can be detected in the blood before the embolism, simply by the morphology of the blood. In this way, sudden deaths from embolism, especially in the puerperal state, can be averted."

Here again we have a subject which bacteriology can not touch, as the morphology of the blood in rheumatism shows the causes of the inflammation, pain and deposits to be purely physical and chemical. Beef has had many sins that other food should have borne the complaint of, laid at its door. Stop the Englishman from eating his puddings, pastry and sweets, and feed him on beef rightly prepared and I think he will have less gout. The morphology of the blood in these old cases of gout is very interesting and beautiful. One case I examined several years ago, had a most remarkable display of cystine.

To treat rheumatism, one must be patient; sometimes the cases have to go on very rigid diet, nothing but the beef separated from its fibrin, and the resultant pulp broiled. *I wish to say here, that we never prescribe beef raw, never did and never will.*

"MORPHOLOGY OF THE BLOOD IN TUBERCULOSIS."*

"*First or Incubative Stage.*"—"Red corpuscles are less in number, ropy and sticky, more or less, but not much changed otherwise.

* See Clinical Morphologies, E. Cutter.

"Second Stage of Transmission."—*Red Corpuscles*: Color pale, non-lustrous; not clear cut, not ruddy. Consistence sticky, adhesive. Coating of neurine removed. Not so numerous as in normal blood. Owing to the increased size and strength of the fibrin filament and the stickiness, they form in ridges, rows, but not so marked as in rheumatic blood. They accumulate in aggregations of confused masses like droves of frightened sheep. They adhere to each other, and are rotten, as it were, in texture.

"White Corpuscles."—Enlarged and distended by the mycoderma aceti or spores of vinegar yeast, that are transmitted into the blood stream from the intestines.

"Serum."—More or less filled with the spores of mycoderma aceti or vinegar yeast. These occur either singly or in masses of spores, which is the common form in which they are found, wherever vinegar is produced.

"The fibrin filaments" are larger, stronger, more massive than in health, and form under the microscope a thick network which is larger, stronger, and more marked in direct proportion to the severity of the disease or the amount of accumulation.

Besides the serum is apt to be of a dirty ash color.

"The sticky white corpuscles, the massive fibrin filaments in skeins, and the yeast spores alone or combined, form aggregations, collect thrombi and emboli which block up the blood-vessels of the lungs soonest, because exposed to cold air, the most of any viscus; *the blood-vessels contract; and thus arrest the thrombi and form a heterologous deposit, which is called tubercle.*

"The Third Stage or Stage of Tubercular Deposit."—These deposits increase so long as vitality subsists in the tubercle and surroundings. When vitality ceases, the tubercle softens or breaks down. Sometimes, if the process is very slow and life slightly inheres in it, the proximate tissues undergo fatty infiltration, which preserves it from readily breaking down.

"The morphology of the blood is the same for the second and third stages of consumption.

"Fourth Stage, Interstitial Death." "Morphology of the blood in this stage is the same as in the second and third, save that it becomes more impoverished.

"*The red corpuscles* are thinner, paler, much lessened in number; increased in adhesiveness, stickiness and poverty. Devoid more or less of neurine.

"*The white corpuscles* are fewer in number, more enlarged, often ragged and tough. Distended with spores of *mycoderma aceti*; more adhesive and sticky.

"*The Serum.*"—Fibrin filaments are thickened, stronger, more massive, and more skeins of them present. The collects of *mycoderma aceti* are very much larger and more numerous; in moribund cases I have seen them so large as almost to fill the field of the microscope. They present anfractuous edges and amoeboid prolongations, giving them a wierd, bizarre appearance which, under the circumstances, have a portentuous aspect, for the larger and more numerous the spore collects of *mycoderma aceti* are, the more dangerous the case.

"THE MORPHOLOGY OF THE BLOOD IN FIBROUS CONSUMPTION."*

"Here the *mycoderma aceti* or vinegar yeast does not get into blood, and change it as in tubercular consumption, since the pylorus keeps the vinegar yeast in the stomach. There is breaking down of living tissue to a less extent. This tissue has been thickened, hardened, and made stony from deposit of gravel. The diagnosis is not so easy as that of tubercular consumption."

* * * * *

It is wonderful to see in these cases how soon the cough begins to lessen, due to the stopping of the production of the carbonic acid gas, which by its paralyzing action on the mucous membranes of the trachea and the lungs, has caused that pouring out of mucous. I would that I had more time to go into the description of the rationals of the production of these diseased conditions in rheumatism, asthma and consumption, tuberculous and fibrous.

"MORPHOLOGY OF THE SPUTUM IN TUBERCULOSIS."*

"Bacilli; bacteria, so-called; clots of blood; elastic lung fibres; epithelia, ciliate, non-ciliate, pavement and columnar; granular tubercular matter; granular tuberculous matter, so-

* See Clinical Morphologies.

called, sometimes fetid in odor; inelastic lung fibres; lumina of blood-vessels; mucous corpuscles, normal, deformed, distended with spores and gravelly matters; mucous filaments and fibres; mycelial filaments; swarms of spores; yeast plants; and yeast sporangia, alcoholic and lactic acid.

COMPARISON OF CLINICAL MORPHOLOGY AND BACTERIOLOGY
AS TO TUBERCULOSIS.

Etiology.—The bacteriologist claims that the tubercle bacillus as discovered by Koch is the cause of tuberculosis. The clinical morphologist asserts that the vinegar yeast spores in the blood is the cause of tuberculosis by their chemical and mechanical action on lung tissues.

The bacteriologist has strong evidence in the fact of inoculation. The clinical morphologist, in that by methods based on the morphology of blood containing vinegar yeast, many cases of tuberculosis have been cured. How can these two claims be reconciled? For over thirty years botanists have been fighting about Koch's bacillus; some claimed that it was part of the life growths of the vinegar yeast plant; others, that it was not. The former hold the stronger position, for Koch's experiments have demonstrated that the bacillus will propagate as itself. Now here comes in the link. The bacteriologist is hard at work to find out how that bacillus gets into the lungs, and is laying down rules of preventive treatment which are in some cases fantastic and ridiculous. The clinical morphologist is able to diagnose the vinegar yeast in the blood before the lungs break down; he finds the morphology getting more desperate as the case grows worse; and as the case improves under treatment, he finds the morphology of the blood improves; moreover, the clinical morphologist not being limited to the study of bacteria as the bacteriologist is, (if he works on the bacteriology alone) can develop from the sputum the full fledged vegetation from bacillus through the spore stage to the mycelial.

Now if what I say is true, then tuberculosis is a disease induced by the excessive feeding of fermented food or food that will ferment into alcohol and vinegar. The villi of the intestines paralyzed by this fermentation absorb the spores of vinegar

yeast, which gradually increase in the blood, and if not detected in time, will cause tubercles; oftentimes a cold, overwork and worry will be the blow that upsets the case.

Now when the lung tissues begin to necrose and cough comes on, of course will the sputum contain the tubercle bacillus, *also the spores of vinegar yeast.*

* * * * *

My father's experience, which runs back over thirty-three years, shows that children of tuberculous parents will by feeding on proper food grow up instead of dying.

* * * * *

Men say to me that they examine blood and can tell nothing about it. I answer that my father thought it necessary that I should spend eight years study in the sciences and medicine before he would teach me *how to study clinical morphology*. The same rule applies in his instruction to others, for he will teach only medical graduates, amongst whom I may note Dr. R. J. Nunn, ex-President Medical Association of Georgia; Dr. Nunn traveled in Europe and could not find what he wanted till he returned to New York.

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Therapeutics.—In 1881, a young man lay sick in bed of emaciation, so great that he is about a skeleton; of hemoptyses, so frequent that counting them has ceased; of night sweats; of copious expectoration which contains elastic and inelastic lung fibres; the heart is enlarged; the pulse 120; respiration twenty and more times a minute; in both lungs are cavities; the blood presents the tuberculous morphology. Now this case, desperate as it was, was undertaken by my father; the patient was fed on beef taken from the top of the round; from it was separated by machines, the fibrous tissues; the resultant pulp was moulded carefully into cakes and broiled; great care was taken in all of the steps of the process of preparing the beef; the hands touched it as little as possible, for even after the pulp has been separated from the fibrous tissues when touched by the hand, the human animal heat will be apt to change the condition of the meat; so it is moulded carefully with knife and fork. The meat is then broiled and seasoned to taste with pepper, butter, lemon juice

and salt as wanted ; Worcestershire sauce allowed. The patient is fed this three times a day. Is given gentle tonics ; is bathed twice a day with ammonia or acid sponge baths ; the case has to be very carefully watched for life is apt to slip away at any moment. He gradually improves and is cured, *i. e., the cough ceases ; the sweats are gone, he arises from his bed ; goes through college ; is graduated with honors ; is married and was last seen by us one year ago and calls himself a well man.* Now what is the rationale of this cure ? By feeding him this particular food, the vinegar yeast was starved out of the blood and thus its work of necrosing lung tissues was stopped ; the acidity of the blood taken away by stopping the acetic acid fermentation, the fibrin filaments lose their large size ; the red corpuscles regain their normal tone and color ; they are no longer massed together and the white corpuscles come down to normal size because the blood has been deprived of the spores of vinegar yeast, which they have been trying to enclose ; now Nature is a spiral spring, and in this case has been overloaded with wrong feeding ; we have given her a chance by feeding the patient on the food that best agrees with her, and she, being furnished with good blood, her eliminative glands in good condition, takes the normal blood and with her wonderful physiological means, heals over the sore and broken down places in the lungs and in some cases if the cavities are not too large will build and bridge them over ; I believe this to be true for I have been with a case where I could hear the air bubbling through the mucous in a small cavity and yet that all disappeared.

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There is so much said about the non-curability of consumption. My father was nearly ostracised when he came out in 1880, with seventy cases published in the transactions of the American Medical Association ; here he simply claimed that consumption was a curable disease ; his cases in this table, were, seventeen non-arrests ; twenty-six partial arrests and twenty-seven permanent arrests. It is perhaps well to note that this was all before Koch promulgated the tubercle bacillus and with this article were printed microphotographs of tuberculous blood.

Now it is reported that in the morgues of the great cities of the world, like Paris and New York, bodies are cut into, in which are evidences of lung necrosis which had been stayed, the lungs healed or scarred and the individuals are dead of something else. Moreover, surgeons are talking of removing by pneumectomy, untold portions of the lungs; and in a journal I recently saw that a man could live with but two lobes; well, supposing the patient has survived the shock of slicing out a part or whole of one lung, he will continue to live on the food that produces tubercle; these facts apply to tuberculosis of the joints and the peritoneum as well. In a case of tuberculosis of the knee joints, I found the morphology of the blood to be tuberculous and syphilitic. Gentlemen, the medical, the *thopologic* side of these questions must be examined, as well as the surgical.

In our work we never say we are going to cure a case, for we recognize the fact that we are human, finite; but we do know that cases have been cured and so we will not take away a sufferer's hope. We never know how a case is going to turn out; some cases will not respond to treatment for they are just full of the disease, both lungs; but others come along that appear just as desperate and we give them a chance and they pull up and get well.

I had a case in Kentucky; we healed her lungs several times and would send her home and there she would get upset; once she had to go into the kitchen and cook; this brought on an attack of meningitis which shattered her nervous system, so that her character was damaged from that of a bright happy woman to one despondent, nervous, irritable. Yet she lived for over a year after that meningitis, though I was constantly told that she would die; for seven months before her death, she never coughed; I took her to her family physician two months before her death and he admitted that her lung was healed. She died two months later; incidentally from malaria; generally, from adynamia.

Gentlemen, it takes nerve force to live; it takes nerve force to get well; each time that this woman's lungs broke down, she had to use up nerve force to recover; if she had not been shattered by the meningitis, humanly speaking, she would be alive now.

(See "On the Death of a Cured Case of Tuberculosis Pulmonalis," J. A. Cutter, *Virginia Medical Monthly*, Sept. 1889).

I might give you the details of many more cases of tubercle, but time does not permit; suffice it to say that the cured cases run back into the 60's, that we consider tuberculosis curable, and our hope is that as soon as the profession and the laity will share this belief and practice to cure, then many more lives will be saved.

This taking away of hope kills many. How can a man live if there is no hope offered him; if he does, it is by sheer pluck and fight. But the fight which my father started in on years ago to prove that consumption is a curable disease seems to be about over; we are entering on a new era in medicine; nutrition of tissues must be studied; the causes of tumors, the excessive development of the fibrous tissues, the causes of degenerations, all these must be studied from the side of nutrition.

A few words as to foods in tuberculosis; the yolk of eggs are not allowed in any form, because hard to digest and a promoter of rheumatism; if you do not believe it try them on a case and see the results; milk is commonly called the best of foods, yet in the adult nine times out of ten it is not the best as it so often causes biliousness; this we see in studying our cases; testing the urine with nitric acid helps very much to show biliousness; milk if given to patients must be taken warm from the cow and be carried to the patient speedily so that the ever present germs may not get into and contaminate it. But be careful in its administration; I have seen cases that I thought could take milk be upset by it.

Some cases are kept alive on the whites of eggs, slightly cooked; beef tea, Johnston's Extract of Beef. Sometimes the stomach is in such a condition that the patient has to be sustained by the nourishment per rectum till the stomach comes around. But the aim in our cases is to get the stomach in such a condition that they can be fed beef prepared as beforehand described. When the blood becomes normal, the urine flowing with a specific gravity of 1015 to 1020 with no bile, and no sediment, then other foods can be brought in cautiously; and it is only necessary for me to say that if you are watching the case carefully, you will soon find out whether the food you are allowing is the best or not.

Again, this is a great consideration with these cases. They must be treated by the month; pay their fee in advance; must go under your care for at least one year, better two; the specimens of blood, urine, feces and sputum often examined. Have the patient put his hand in yours and trust you faithfully; make him stop introspection and watch to see that causes of worry are removed.

Temperament needs consideration; some cases need much encouragement; others holding back; some are fearful of everybody and everything and have no faith; others expect to get well right off and go at the treatment with a rush and when they find that nature takes her own time in healing his sins, they may be disappointed.

It is no easy thing to take a case chronically sick and lead him along to health. Again, while remembering that without proper feeding, you cannot cure your case, do not forget that with judicious medication the case may be pushed along faster, for the machine needs oiling. Have the case drink hot water one hour before meals and on retiring; usually a pint is needed at each draught; the temperature not boiling but comfortably warm.

(See the "Therapeutical drinking of Hot Water," by E. Cutter, New York; W. A. Kellogg). Do not give them any medicine that is made up with syrup. I have been asked so many times, "do you give syrup of hypophosphites?" The answer, "no, because there is fermentable matter in it."

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In closing, gentlemen, I call your earnest attention to the need of large bodies of medical men, who are deeply anxious for the truth, investigating the original experiments of Salisbury which were made on men and animals thirty years ago. *Our work* has been more with microphotography and demonstrations of healthy and diseased morphologies. We have not had the time or money to hire men to eat certain kinds of foods, singly, and study the effects on them; neither to buy hogs and feed them on distillery slops. But all this must be done, and if this association with its personnel of scientific men, industrious and anxious for therapeutic achievements will appoint a commission and investigate these matters thoroughly, a great good will be conferred.

We must know the truth! These matters ought not to rest on the utterances of one or two men. While I am satisfied as far as I have gone in the matter and believe my father to be on the right track in his effort to save these things to the profession, (for the profession is the body that stands between the people and death, and no one man should set himself up as a healer and that he must hold all knowledge,) I am also deeply anxious that these experiments be repeated.

A commission to undertake this work must be composed of your most eminent members; it should contain a first-class chemist, a neurologist, a pathologist, a therapist, and last but not least, a morphologist. The work of this commission must not be hampered by the appointment of a man to do its microscopical work who is trained only in bacteriology. I believe I have shown you that bacteriology is but an extremely small portion of the micrological world, and that the profession will be handicapped until the word ceases to exist, and the bacteriologists of to-day becomes morphologists in order that they may cover the whole field.

Gentlemen of the Mississippi Valley Medical Association, I thank you very earnestly for your kind attention.

The Ariston, Broadway and Fifty-first Streets.

NEW YORK, September, 1889.

Selections.

AND THEY SAT DOWN BY THE RIVERS OF WATER.—Within the past few years, medical societies have been formed along the course of certain rivers, and have taken as their peculiar designation the names of such rivers. The first of these was the Mississippi Valley Medical Association. Later came the Missouri Valley Medical Association. These are the mighty rivers of the North American Continent. In fact, they are among the greatest rivers of the world. It looks as if this principle of forming societies would be extended indefinitely. There is much to be said in its favor. Similar lines of physical and

mental activity are likely to be developed along these great water roads. In summer the pleasure of water travel upon them is unequaled by other modes of travel. It matters not whether it be in the majestic steamer or in the tiny canoe, the joy of water travel during the heated term is perennial. What more natural than that physicians living near the banks of such streams should agree to meet at some convenient point along the shore, recount the labors, successes and failures of the closing year, and take from genial fellowship a new inspiration for the future?

Artists have ever delighted to picture animals by the cool water, under broadly spreading boughs of massive trees, passing the hours of the scorching summer days. Quite as artistic is the picture on the river bank of a group of wearied physicians, gathered from miles along its shores, reclining beneath the shade of a towering forest grove, and there calmly discussing medical science, medical art, medical politics, and the wholesome food and drink needful for the body. That which is best should thus be brought forth, to the common good of all. Plans are formed for the more effective duties of the coming year, and for the changing needs of the times. Work and play are thus harmoniously combined, to the advantage of both, in the re-invigoration of the jaded doctor.

We should delight to learn that every considerable river in the United States has its medical society formed for the especial object of giving the doctors living along its banks a rational vacation and general rejuvenation. Then, as the rivers run in different directions, and empty into different oceans or lakes, all at last finding their way into the great body of water that surrounds the globe and serves as the servant of all the nations, so the work done by these several organizations varies in direction and power, but it all finds its way into the general ocean of medical truth, and is at the service of all who may choose to use it for their pleasure or profit.

Sitting by the river, the reflecting physician will gather many suggestions, helping in the shaping of his work. As the river never stops, but every moment rushes onward towards the great ocean, so his activity should never end. Tirelessly it should

move forward to the great ocean of truth that is the goal of every real student, of every real physician. As he returns to his daily toil from his medical meeting by the river, he will day and night carry the memory of the ceaseless onward movement of the river, and will be inspired to waste fewer hours gossiping, either in the home, the corner grocery, the club room, the street, or the office. He will sometimes reflect whether the dreamy indulgence in the pipe or the cigar, or social glass, are carrying him towards the field of desired truth as rapidly as he ought to go.

The river generally, when deep, moves noiselessly, with irresistible power; so he will remember that his progress is not the most substantial when made by personal puffs in the daily or other local paper, or by blatant boasting anywhere. He will be impelled to base his progress upon the deeper laws of human activity, which, as he blends with them, carry him easily onward without bluster or flurry. Thus, conscious that his life is in accord with the silent though resistless forces about him, he calmly moves on to the accomplishment of his manifest destiny. He has learned to commit his way to the ways of a mightier intelligence, to a mightier force, and with these as aids is assured of victory. So he becomes more truly a man of science, a servant of humanity, and infinitely removed from the quack.

Again, he will recall the fact that the river is the servant of the race. He will see it carrying upon its surface the white-winged fleet, the puffing steamer, and the tiny shell. He will see it transporting rafts of timber and lumber, stone and coal, and all else that men desire removed from place to place along its banks. He sees it receiving the floods from the surrounding country and depositing them in the distant ocean. He sees it constantly giving off invisible vapors, which ascend to the skies, condense, and fall as gentle rain upon the thousand hills to cause all sorts of vegetation to thrive, and to fill the springs and rivulets for the supply of water to animals far distant from the river. All this never ends, and in thousands of other ways the service is continued. Remembering this, he will carry more willingly upon his heart and head the burdens of the sick, the weary, the distracted, and safely lead them to the haven of physical and

mental health. He will take the overflow of human passion, and human recklessness, and deftly so manage that the least harm and the greatest good will result. The insensible and invisible power that he exerts upon those near by, and those far off, is not the least of the effects of his beneficent career.

But enough. The picture is a vast one. Each for himself can shift the scene and fill in details. Let the work of these river valley societies go on till every physician shall feel the inspiration of the river stimulating him to nobler and truer work for medical art, medical science, and for humanity.—*The American Lancet.*

CONTAGIOUSNESS OF TUBERCULOSIS.—Dr. Wm. Porter, of St. Louis, concludes his very able report on the above subject to the Mississippi Valley Medical Association, as follows:

The important question for us as physicians is, can the danger of transmission be averted? So far as our present knowledge goes we might answer, not entirely; but if there be value in the carefully formed conclusions made from the scientific work of the last decade, much may be done to limit the number of victims of tuberculosis. We may not all be ready to fully indorse the statements authorized by the New York Board of Health, that tuberculosis is a distinct disease, that it is not directly inherited, and that it is acquired by direct transmission of the tubercle bacillus from the sick to the healthy, usually by means of the dried and pulverized sputum floating as dust in the air. For myself, I am convinced that in this direction is the safest path, and as no harm can come from excessive care regarding food and sanitation, I am willing to advise such care, though it seems to be excessive.

From experiments made upon animals and observations upon the human species, it is plain that much of the danger of contracting tuberculosis lies in the inhalation of air loaded with tuberculous sputa. Surely the danger can, to a large extent, be met by insisting that tuberculous patients should, as far as possible, use a cuspidor in which is a solution of bichloride of mer-

cury at least 1 to 1,000, for it has been demonstrated that the bacillus can live in solutions of less potency.

Cuspidors and cloths which are used to receive the expectorated material from diseased lungs should, as far as possible, be kept moist, and the bed-clothing thoroughly freed from all power of contamination. There is nothing which demands correction more than the uncleanly and unsafe practice which many follow who have care of consumptive patients, of placing newspapers on the floor by the bedside upon which the expectorated masses are gathered and dried for free distribution in the household.

The careful disinfection of a room which a tuberculous patient has occupied is a matter of detail not to be overlooked by the medical attendant.

So far as protecting the public against food containing tubercular products is concerned, it can only be accomplished by thorough inspection. It is certainly the duty of each physician who is himself satisfied that such danger exists to endeavor to impress the public mind with the importance of proper legislation upon this subject.

If we are convinced that tuberculosis is contagious, and will but work up to our convictions, it is possible that the first step will then be taken to place this much-dreaded disease under the same treatment as is small-pox and the once all-destroying plague.

Although none of us may be willing to ignore the agency of individual tendency, physical formation, and other conditions as predisposing factors in the causation of tuberculosis, yet, as we get away from the idea of heredity and approach the more tangible view of transmission, the future is brighter with promise, and will, I have no doubt, be more abundant in practical result.
—*The American Practitioner and News.*

TREATMENT OF ABSCESS OF THE LIVER.—(By M. Chauvel).
I have had opportunity to observe four cases of abscess of the liver in military hospitals. These abscesses occurred in soldiers

returning from Tonquin and Algiers, all of whom were markedly anemic as the result of dysentery. The air of their native country had at first ameliorated their condition, but soon the attacks of dysentery and diarrhœa recurred, with febrile exacerbations, quotidian fever, intercostal pains, either vague or localized in the hepatic region, pain about the scapula, and absolute anorexia. Abscess of the liver was diagnosticated, the diagnosis being verified by means of an exploratory puncture. The development of these various symptoms was much more sudden in the cases of the soldiers from Tonquin than in the single instance of the one from Africa.

In two of the cases the abscess occupied the right lobe, in the other two the left lobe ; these latter cases terminated fatally.

Incision with the bistoury presented no serious difficulties ; it corresponded with the seat of swelling, at which point the puncture had been made with the trocar.

The following are the conclusions derived from a study of these four cases :

1. Immediate, direct incision of abscess of the liver by means of the bistoury presents no danger as regards the development of peritonitis, if it be made antiseptically.

2. The opening should be large, and lead directly into the abscess cavity. On account of the retraction of the liver after the evacuation of the fluid, it is well to make it as high up as possible ; if it retract upon the collapse of the ribs, resection of the latter may be indicated.

3. It is useless and perhaps dangerous to suture the liver to the edges of the parietal wound.

4. The large opening should be made early, and the exploratory punctures are clearly indicated as soon as there is a suspicion of pus.

5. It is almost always impossible to recognize the existence of multiple foci with sufficient accuracy to reject the possible intervention of an accessible tumor. In these perplexing cases the large incision in the principal focus causes the disappearance of one of the sources of fever ; it favors the opening of the secondary foci into the principal cavity, already emptied ; and if it does

not arrest the progress of the affection, at least it exerts no unfavorable influence upon its course.

6. Abscesses of the left lobe appear to be the more serious—a fact which may, perhaps, be explained by the possibility of a pericarditis by extension, and by the probability of other collections of pus in the right large lobe.—*Journal American Medical Association.*

A DANGEROUS EXPERIMENTER.—The *naïveté* of some therapeutists who combine in prescriptions the new synthetic drugs with one another and with other chemicals, without thought of their compatibility or incompatibility, has ceased to be interesting.

Thus we too often hear of Dr. A. or B. combining antipyrine with quinine or salol, or antifebrine with phenacetine, or some acid, base or salt. If the druggist discover incompatibility, he would of course stand between the doctor and the patient; but it is hardly needful to suggest that changes might take place in these mixtures slowly after the prescription had gone beyond the apothecary's control. When we note the ticklish balance of affinities between the atoms which compose the molecules of the synthetic drugs, we may see that there is great danger that an innocuous compound may be converted into a highly poisonous one by the slightest change in the number, kind, or relative position of these atoms, and this is just what chemical incompatibility means in connection with these drugs. The latest in this line comes from a correspondent of the London *Lancet* of September 28, 1889. This innocent individual states that he prescribed for a patient suffering with painful rheumatism antipyrine with salicylate of soda, and was astonished after a few hours to find that the compound had resulted in the formation of a hygroscopic cream. Later he tried to mix antifebrine with salicylate of soda, and found that the two previously white powders now formed a pink powder. The writer wants to know what the changes are in these instances; whether new compounds are formed; if so, their formulæ; and whether the pharmacological (*sic*) action of the drugs is destroyed by such combination. He

says, further, that since he discovered the effect of the union of antipyrine with salicylate of sodium he has ordered the two drugs in solution. Whether he puts them both into the same solution, or, exhibiting them in separate solutions, allows the patient to test their incompatibility in his stomach, he does not say; but in any case it is a very dangerous tampering with drugs the chemical compatibility of which has not been established.

It is to be hoped that some chemist will put these observations to the test and give the correspondent the desired information. It might be well, also, to suggest to him that this sort of chemical experimentation will some day kill its man by the development of a poison from the union of two non-poisonous compounds.—*American Practitioner and News.*

THE LUXURY OF PROFESSIONAL LYING.—Perhaps there is no man or set of men who have the temptation to lie put before them as doctors have. They are absolutely urged to lie on certain occasions, and compelled to on others, and they should be equal to the emergency. Again, a doctor is morally bound to lie under certain circumstances. It is his duty, and wherein he fails in that respect he fails to do justice to his patient. In my own experience I verily believe that I have saved many a life and prolonged many others, by what I believed at the time was a good wholesome lie.

In the practice of medicine lying gets to be a luxury. You dote on it. You practice outside so as to perfect yourself, so to speak. You linger lispily on the words which must and will convey a meaning other than the truth to your patient. Talk about dealing in unvarnished truth with your patients. Why, it is preposterous. They won't stay by you. They will go to a man who tells them a better story. Take consumptives, for instance, and you tell them that they have incipient tuberculosis, and they will travel from Dan to Bersheba to find a doctor who will tell them that it is nothing but "liver complaint"—whatever that may imply. Yes, sir; and they will pay him their money and come home to die on your hands gratis.

Thirty years of active practice has satisfied me—although I started out to be truthful with my patients—that it is not, so to speak, the proper caper, if you want to retain your practice. You must hide the truth in metaphor, or straddle it in medical jargon, but some how or other you must avoid telling the truth. Why, I have known instance after instance where patients have solemnly assured me that the solid truth was the material they were after, and that they were able to stand it. I say, I have known them, as a rule, to go right off into disquietude and quackery.

Right here comes the luxury of lying. Now, when I speak of lying, I don't mean one of those pestiferous, measly lies that crawl about and do mischief, but a lie grand in its conception, magnificent in its proportion, and colossal in its appointment—a lie of sufficient strength to overcome truth, and, for the time being, make you master of the situation.

Of course, it requires some gall to look a patient square in the eye and tell him what you know to be a point blank lie, but so long as it is for his interest as well as your own, it is a necessity, aye! a luxury.

In this way one avoids all the little unpleasantness which hovers around a doubtful or dangerous diagnosis or prognosis, and you are let off with a slap on the shoulder and a fat fee, which salves your conscience and makes you and the patient feel altogether better.

It has taken me all these years of practice, besides a mint of money, to find out how it is myself, and I don't propose to have the rising generation of doctors to come up thinking that they have to be archangels in order to practice medicine successfully. No! What you need is an education, then the necessary amount of gall, and the capability of rolling a lie around your tongue until it comes out sweeter than the truth. Then will your patients stay by you; then will the fees come to you, and children's children will rise up and call you an old blister, allee samee! —
E. B. Ward, M. D., Medical Age.

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

LAWSON TAIT ON FIBROIDS OF THE UTERUS.—A few weeks ago we called attention to the views of Thomas Keith on Apostoli's treatment of uterine fibroids by electricity. It is, perhaps, no more than fair to give place to the rejoinder of the most prominent advocate of the purely surgical method of dealing with this condition. In a lecture, published in the *British Medical Journal* of August 10, 1889, Mr. Tait calls attention to the fact that hysterectomy, which Mr. Keith seems to consider the only alternative treatment, is only required in a small proportion of cases, and that the great majority can be satisfactorily treated by the comparatively safe and simple operation of bringing about the menopause by extirpation of the uterine appendages. He claims that "the complete and permanent efficacy of this method of treatment has been established by evidence beyond all cavil; in fact it stands unrivalled in the history of modern surgery," and states that his mortality in 262 consecutive cases has been only 1.23 per cent. To the operation of hysterectomy he expresses as strong a repugnance as Keith; but, although he does not expressly discuss this point, he evidently has little faith in the efficacy of electricity in cases which call for the severer measure.

To electricity he objects that it is tedious, and, notwithstanding Keith's statements to the contrary, may be very painful, citing a case, treated in Paris, in which electricity was used thirty-three times during a period of three months, and thirty-one times the patient was under anæsthesia. That it sometimes fails when administered by thoroughly competent persons, he has had evidence in cases which have come into his own hands, and there is danger of losing precious time in unsuccessful treatment.

He complains that Keith furnishes many statements, but few facts, and wishes for precise information in regard to the mortality of the electrical treatment, the permanency of the results secured, and the comparative convenience and expense of the two methods.

He concludes by quoting what he calls the "prodigious statement" of Keith, that in 10 per cent. of his cases of hysterectomy, the operation was followed by insanity. On this point he says:

"In not one of my hysterectomies has insanity followed the operation. I have seen insanity follow removal of the appendages, for myoma in two cases, but in one the patient was insane from the moment she came out of the chloroform, and she was 'queer' before she went under it."

In view of such results as Tait has achieved it is not surprising that he should have little inclination to change the methods which have proved so successful in his hands. If any value is to be allowed to evidence, however, it can hardly be doubted that very satisfactory results have been attained by the electrical treatment. Martin, of this city, at the meeting of the Illinois State Medical Society, May 22, 1889, reported one hundred consecutive cases treated by Apostoli's method, without a death, with complete cure in eight cases, symptomatic cure in sixty-eight others, and decided improvement in the symptoms of most of the remainder. If such results can be secured by this method and should prove permanent, it is likely that many women will prefer, even at the cost of some pain and inconvenience, to avoid a mutilation which is repugnant to their feelings and, besides the inevitable results of sterility, is not always exempt from other unpleasant consequences. Glævecke, of Kiel, found that a depressed, low-spirited condition was generally observed after removal of the ovaries; in three cases out of forty-three insanity followed the operation, proving permanent in one. Sêxual desire and pleasure were diminished in nearly all the patients, and the disturbances usual at the menopause were prolonged, in a number of cases, for four or five years.

Brilliant as have been the results of surgery in the relief of this affection, it can hardly be said that they leave nothing to be desired, and anything which promises the benefits without the drawbacks of the operation with which Mr. Tait's name is specially associated is worthy of careful trial. It is hardly probable that electricity will wholly supplant operative treatment, but it may well be that when both have been thoroughly tested it will appear that each has its appropriate field of usefulness.—*Journal of American Medical Association.*

THE CONTAGIUM OF DIPHTHERIA.—Diphtheria is an acute infectious disease, doubtless due to a living organism (microbe), the exact identity of which cannot yet be regarded as settled.

Primarily a local affection, the system becomes secondarily and generally infected through absorption of a poison generated at the primary and localized seat of inoculation.

The modes of infection are numerous, the contagium being directly transferred by contact, in a dry state through the air for limited distances, in foul clothing, in polluted food and drink, milk probably being a prolific source of infection.

The most difficult problem to solve is that which relates to the conditions most favorable to the growth and development of the germs and the propagation of the disease.

While, strictly speaking, diphtheria can hardly be called a filth disease, since it prevails often to a very limited extent in those localities whose hygienic surroundings are apparently the worst, yet certain kinds of filthy accumulations, as the ordure of animals, notably the refuse from cowsheds and dairies, seem to furnish the most favorable conditions for the culture of this particular germ.

Until this problem can be solved and the life, history and habitat of the diphtheric germ is understood, no definite plan can be formulated for the arrest of the contagium nor for the hopeful treatment of the disease.—*P. G. Robinson, M.D., at Fourth Annual Meeting of American Association of Physicians.*

THE SHUTTLE PULSE AND ITS PORTENT IN PRACTICE.—There is a peculiar pulse which I have sometimes felt but never without a shudder, when felt in the radials of those whom I have loved—never without grave prognostic impression whenever perceived in any patient.

Have you ever felt it, reader, and if you have, what has it signified to you ?

I mean the shuttle pulse, as I would call it ; a pulse in which the pulse wave passes under your finger as if it were floating something solid as well as fluid—that something passes along the blood current under your finger like the weaver's shuttle through the loom.

I have felt it in cases only where the blood was hydræmic and a local rheumatic inflammation existed or had recently existed within the heart.

I have called it the "shuttle" pulse because I can liken it to nothing else and because the impression it makes suggests the name.

Have you felt it under these circumstances, or any other, and do you know a better name for it?

If you have ever felt this pulse, did you ever know of a patient recovering after its appearance? Did you ever know a patient after its appearance to escape the consequences of embolic closure of vessels? To me it is the pulse of fibrinous coagula going the rounds of the circulation. Its portent has ever been evil. It is a pulse of dark prognosis and painful memories—the pulse of impending death in part or whole. I think I have never known a patient to live after such a pulse has been detected. It is the pulse of fatal rheumatic endocarditis or endo-arteritis and its sequent and associate anæmia and emboli.—*C. H. Hughes, M.D., in St. Louis Medical and Surgical Journal.*

THE DIAGNOSIS OF ACUTE PULMONARY TUBERCULOSIS.—Dr. J. C. Munroe (*Med. News*) from a report of twenty-four cases of acute miliary tuberculosis concludes:

These cases would seem to indicate that an acute pulmonary tuberculosis should be suspected when the following indices are present (the existence of other pathological conditions in the lungs giving rise to characteristic signs and symptoms that ought not entirely to mask those under consideration): Sudden severe illness, ushered in with a chill, in a person previously healthy, or with a history of chronic phthisis; slight cough and expectoration, no hæmoptysis, marked loss of flesh and strength; loss of elasticity, or a slight dullness over part or the whole of a lung, or surrounding a limited area of marked dullness; indistinct, harsh respiration, with high-pitched inspiration and prolonged low-pitched expiration; a few scattered fine dry or fine moist râles, generally high-pitched; a rapid, weak pulse, with quickened

shallowed respiration, and cyanosis out of proportion to the physical signs; a temperature steadily feverish, but without marked variations; local evidences of miliary infiltration in other organs.

PIANO AND PUBERTY.—A thought, which every physician should carefully explain to mothers of young girls, and, in so far as possible, insist upon correction, is thus expressed by Lawson Tait:

“To keep a young girl, during her first efforts at sexual development, seated upon a music stool, with her back unsupported, drumming vigorously at a piano for several hours, can only be detrimental.”

Further, the Directory of the Royal Elizabeth School, in Berlin, has entered a strong protest “against the practice of allowing young girls of doubtful musical ability to spend hours at the piano, to their own physical detriment and the torture of their hearers.”

We have known the seeds of spinal disease, to be thus sown; or the incipient disease fostered to early fatality. More, the piano-stool is responsible for many of the ills pertaining to the reproductive organs of females; Music masters, if successful in their calling are usually most ignorant of anything but music, and their commands as to practice should be ignored, or regulated to meet the demands of the individual as regards health and common sense. One hour of daily practice at the piano or organ, divided into two sittings, is as much as any young girl can bear well, and even this is too much in many instances. Two hours is pernicious even to a healthy well developed woman. In England, a still more pernicious custom is prevalent in some boarding schools, of requiring misses to sit not only from two to four hours at the piano, but also to do so while wearing the “back-board,” an instrument of torture responsible for more than a few cases of Pott’s disease.—*Med. Age.*

SANDER & SONS’ Eucalypti Extract (Eucalyptol).—Apply to L. Sander, Dillon, Iowa, for gratis supplied samples of Eucal reports on cures affected at the clinics of the Universities of Greifswald.

B. M. A.—It is said that the British Medical Association contains twelve thousand members, but only about nine hundred were present at the late meeting. Its assets over its liabilities are one hundred and sixty thousand dollars. About a dozen men in London conduct the entire enterprise, the rest pay the bills, and do as they are told. As mentioned elsewhere there is more kicking than ever over this arrangement. The great majority want some voice in the management of affairs. This complicates the problem of the future of this great organization. "There should be no taxation without representation."—*Am. L. necet.*

Reviews and Book Notices

OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By HERMAN SCHMIDT-RÄDLER, Professor of Ophthalmology and Director of the Ophthalmological Clinic in Marburg. Translated from the 3rd German Revised edition. Edited by D. B. St. John Roosa, M.D., LL.D.; Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; Surgeon to the Manhattan Eye and Ear Hospital. 153 Wood Cuts and Three Colored Plates 8 vo, cloth, pp. 571. Wm. Wood C Co., Publishers, 56 and 58 LaFayette Place, New York, 1889.

This is one of the very best works we have examined that treats of Ophthalmology. It is full, comprehensive, yet so concise as not to weary or confuse the reader. The favorable judgment of eminent specialists, and the rapid sale of preceding editions demonstrate beyond the shadow of a doubt its great excellence and its wide field of usefulness. Each succeeding edition has been carefully revised, and thoughtfully changed in accordance with the constant and marked increase in the knowledge of Eye diseases.

Its very talented and able editor in his preface has the following:

The task of editing the translation of Professor Schmidt-Rädlér's book has been an agreeable one. The work is a clearly

written, comprehensive and scientific treatise, that cannot fail, I think, to secure the confidence of the profession in the English speaking countries, as it has that of the Germans. I have at a few points added short notes, which I trust may not be considered to mar the symmetry of the original. A few illustrations, chiefly from Stellwag's treatise, the English translation which is now out of print, have been added."

The work is handsomely printed by Messrs. Wood & Co., and its perfection of letter-press, excellent paper, and its clear, graphic and instructive wood-cuts leave nothing to be desired.

It certainly will command a large sale, and the possessors of the volume may well be congratulated on having a handy, plain and practical guide in ophthalmological practice.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, (Second Series complete in 13 parts. (Price, \$2.00 each), an Atlas and Text-book combined. By GEORGE HENRY FOX, A.M., M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York; Professor of Diseases of the Skin, Post-Graduate Medical School and Hospital, New York; Physician to the N. Y. Skin and Cancer Hospital, etc., etc. Hand-colored plates. Nearly One Hundred Cases from Life. E. B. Treat, Publisher, 771 Broadway, New York. (Parts 9 and 10).

In previous issues of this journal we have had occasion to call the attention of our readers to this excellent and truly valuable publication of an expert in Dermatological science. It has received universal commendation from the leading Dermatologists, among whom may be mentioned R. W. Taylor, M.D., Henry G. Piffard, M.D., L. Duncan Buckley, M.D., E. L. Keyes, M.D., J. Nevins Hyde, M.D., Jno. V. Shoemaker, M.D., Frank P. Foster, M.D., and others who are unquestioned authorities.

The photographic illustrations, hand-colored and wonderfully life-like, are most marvelously successful representations of skin diseases, and the accompanying text is worthy of the highest commendation.

This series when complete will afford a picture gallery, from the study of which a tyro indeed, can have but little difficulty in diagnosing any form of cutaneous trouble that may be presented to him.

THE STORY OF THE BACTERIA AND THEIR RELATION TO HEALTH AND DISEASE. By T. MITCHELL PRUDDEN, M.D. 12 mo., cloth, pp. 141. G. P. Putnam's Sons, Publishers, (The Knickerbocker Press) New York and London, 1889.

In demonstrating the scope and field of this excellent little monograph, we do not think we can do better than to quote entire the preface of its author, the able Director of the Physiological and Pathological Laboratory of the Alumni Association of the College of Physicians and Surgeons, of New York. In it he says :

"The Bacteria are so often nowadays the subject of discussion and discourse ; so much which is at once disquieting and untrue is said about them, and they are withal of such practical importance to the health and well-being of everybody, that it has seemed to the writer worth while to bring together in some simple fashion a little of our knowledge about them.

The aim then of this book is to present some facts from a small corner of the domain of Science in such form as will be plain to the unscientific, and with these, some extracts from the lore of the physician which will, it is hoped, be both interesting and useful to the lay reader.

TRANSACTIONS OF THE FIFTY-SIXTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE, Nashville, 1889. 8 vo., cloth, pp. 278. Printed for the Society by McGowan & Cooke, Chattanooga, Tenn. (For notice see editorial page—).

THE MALTINE MANUFACTURING CO., of New York, have sent us a very neat little pamphlet containing important facts in regard to their valuable preparations. It also contains two very excellent etchings of Sir Andred Clarke, M.D., (Bart.,) F.R.C.P., and Sir William Jenner, M.D., (Bart.,) K.C.B., D.C.L., F.R.S., LL.D., F.R.C.P., (Physician to the Queen). These are the first of ten similar etchings of celebrated physicians that they promise to send out during the coming year. The two specimens before us are accurate portraits, remarkably life-like, and will be an ornament to any physician's office.

Editorial.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE, 56th ANNUAL SESSION, NASHVILLE, 1889.

"The Committee on Publication shall be required to examine each paper referred to them, and shall decide whether or not it shall be published in the Transactions; and should the author of any such paper be dissatisfied with the rulings of said committee, he may appeal to the next meeting of the Society." *Extract from Article III, By-Laws Medical Society of the State of Tennessee.*

This right given to the committee, is one that should be used with extreme caution. In my own experience, having served on the committee repeatedly—in fact as often as any living member of the Society, it has never before been exercised.

At the last session of the Society the following Publication Committee was announced:

Dr. D. E. Nelson, Chairman, Chattanooga.

Dr. Deering J. Roberts, Nashville

Dr. J. B. W. Nowlin, Nashville.

Dr. W. M. Vertrees, Nashville.

Dr. J. M. Coyle, Nashville.

Dr. C. S. Briggs, Nashville.

Dr. P. D. Sims, Chattanooga.

About six weeks or two months after the meeting I received a communication from Dr. Nelson, signed as Secretary of the Society and Chairman of Committee of Publication, informing me that I had been appointed a member of the committee, and notifying me to attend a meeting of the same to be held at his office in Chattanooga, the second night following. To which I replied, stating that a majority of the committee resided in Nashville, in my opinion it was proper for the committee to meet in that city, but inasmuch as he had called the meeting in Chattanooga, he would please tender my resignation to the President.

Dr. J. B. W. Nowlin having received a similar communication, made a similar reply, and the publication Committee as printed on pages 4 and 54 comprises the names of Drs. Nelson and Sims, of Chattanooga; and Drs. Vertrees, Coyle and Briggs, of Nashville. Upon enquiry, I am informed that the Nashville members of the committee never attended a meeting, consequently any action taken by the committee can only be attributed to those members living in Chattanooga—a number less than a quorum.

So much by way of preface. Let us now consider the Transactions as published. We have here a cloth-bound volume of 278 pages, containing the minutes of the meeting, some of the papers read and the discussions thereon, etc., etc., as in previous years. In the first place the cloth binding is entirely unnecessary; it is not first-class work by any means, yet, certainly at a low estimate, must have cost about 20 cents per volume—making One Hundred Dollars of the Society's funds that have been uselessly expended. At first glance it might seem an indication of advance on the part of the Society—but it is one of very questionable character. The Texas State Medical Association for one or two years tried this method, but the last volume of their transactions just received, shows that they have not found it of any great benefit, and have returned to a plain paper cover as is common with nearly all other State Societies—In other words, it is far more important for such publications to have a well filled interior than a showy, shoddy exterior. Outside of the original cost of the binding is to be considered the extra amount of postage. The entire amount would have given better results if devoted to a prize essay for the next volume.

The interior of the volume—the meat, consists as before mentioned of *some* of the papers read at the meeting, the discussions thereon, and the minutes as recorded by the Secretary, the Constitution and By-Laws, Code of Ethics, etc. The papers read at the last meeting were fully up to the average of any preceding session. Among the notably good ones that were published, may be mentioned that of Dr. C. S. Briggs on The Present state of Laparotomy in Visceral Gun-shot Wounds; Dr. J. B. Murfree on Diseases peculiar to Gestation; Dr. P. F. Eve on Successful Hip-joint Amputation; The Hand Woven Wire Corset by Dr. A. J. Swaney; and others. Among those *not* published we miss a most excellent paper read by Dr. J. C. Reeves, of Chattanooga, on the Importance of the Microscope in the Practice of Medicine and

Surgery, etc., and a paper read by Dr. F. M. Duke, of Wartrace, on Typho-Malarial Fever—So called and its Treatment. We do not know why Dr. Reeves' paper was omitted from the publication, not having conferred with him since the meeting, possibly for reasons of his own; but in regard to Dr. Duke's paper we think an explanation is due him from the Secretary, who seems to have constituted himself a "Committee of the Whole" on Publication. More than one among the ablest members of the Society have stated to me that it was fully up with the average of papers read before the Society. We thought enough of it to place it before our readers in full in a preceding number of this journal. It embodied in brief and concise terms the author's method of treating a very troublesome series of cases of sickness, of a character quite common in this and adjacent states. It was an original paper of original methods and observation, and we can see no reason why it was not accorded a place in the cloth bound volume. The following letter from the Secretary, who was subsequently written to by Dr. D., in regard to the matter is certainly not satisfactory. We give it entire:

OFFICE OF SECRETARY, TENNESSEE MEDICAL SOCIETY, }
 DUNCAN EVE, M.D., President, }
 D. E. NELSON, M.D., Secretary, }
 831 Market Street,

CHATTANOOGA, TENN., Oct. 3, 1889.

DR. F. M. DUKE, Wartrace, Tenn.:

My dear sir: Let the doctors make as much capital out of your paper being left out of the Transactions as they please. Your paper was not the only one left out. Several others were likewise left out. Among the number is that of Dr. James E. Reeves of this city. All were left out for good reasons. Notice in the minutes the number read, and then see what were left out. With best wishes I am, yours fraternally,

D. E. NELSON, Secretary.

The paper, presswork, and typographical execution of the book is reasonably good, and is a credit to the thriving and progressive city of Chattanooga. A few typographical errors mar its pages, but the number of *orthographical* errors, for which the Publication Committee, that is the Secretary, is to blame, is simply disgraceful. A brief hour's examination enabled me to mark no less than 73 glaring orthographical errors that the veriest tyro in medicine should have corrected—occurring almost exclusively in that part of the volume for which the Secretary (*sic*. the Publication Committee), is responsible. These errors are to be found mainly in the discussions on the papers which were

taken down by a Stenographer—and a very capable one too—yet the natural mistakes of a phonographic reporter, of so glaring a character should have been detected by the Secretary before the work went to press.

As we find the following words over the Secretary's signature at the close of his minutes, we will take him at his word and promptly notify him. He says:

"All members upon receiving copies of the Transactions will please note the errors if any found and promptly notify me and I will gladly do what I can toward a correction. It will be readily seen what the postal card is placed in the Transactions for."

Well, the postal card contains three lines acknowledging the receipt of the Transactions, occupying about one-half its space; if the remainder of the space is intended for notifying the Secretary of his errors, we will have to cry out "more hat." It is not large enough to cover the chasm, and we take this method and opportunity of notifying him of some of his errors. Hahnemann lacks an h. Homœopath in numerous instances has lost its diphthong; Dr. Thos. Menees is reported as saying "the protracting of this discussion seems to me to be a work of superarrogation; Niagara has lost its r; Capital city is capitol city; Dr. Lawson Tait is repeatedly put down as Tate; Bantock as Benton; Wells as Webb; Treves as Strove; Sir Joseph Lister as Sir Joseph Leicester; Pean as Peon; Bremiss for Bemiss; our good friend Swaney, of Gallatin figures as Haynes, of Gallatin; the eighth cervical vertebra for the eighth drosal; (possibly the residents of Chattanooga need longer necks than their fellow-men in order to "lookout" over the mountains); oxilate of cerium for oxalate; dilute the os uteri for dilate the os uteri; prolactic on page 129 is intended for we know not what; dilation for dilatation; retroverted cerosed uterus is beyond our ken; Eriz appears for Erich; and Engelman, of St. Louis, as Eggleman; Germain Sie for See'; Roricker's for Rorich's; perineal for peritoneal; juremast for jury-mast; locomotar ataxia for locomotor ataxia; and liqour amnii in more than twenty consecutive places shows up grandly our Secretary's lore as liquor amnia. Bah! It is enough to make one sick. A State Society with the reputation so justly earned and an enviable standing as has ours to have such a load to carry. Verily, will our friends in other states who may see this cloth-bound copy say, that the schoolmaster is abroad in the State Medical Society of Tennessee. These errors cannot be charged to printer nor stenographer. It is reasonable to suppose that their orthography might be a little loose

in medical literature ; but that the Secretary of a State Medical Society, who assumes the duties of its publication committee should overlook these terms, words and names that belong to its every day literature, is unexcusable. It betrays an ignorance that is lamentable, or a wilful neglect of an important duty.

Will the Secretary please inform us why the committees appear in full in two places—full fifty pages apart? If he has left out important papers in order to economize space, this is not only a wilful waste of space, but appears as a fulsome effusiveness in very bad taste.

The papers generally are reasonably free from the marring so manifest in other parts of the volume, by reason we presume of fair manuscript furnished by the authors, and accurate compositors.

The epitome of the Transactions of 1853, prepared by Dr. J. D. Plunket we regard as most valuable, thus again placing upon record names that have done much to uphold the honor of medicine in the Volunteer State "in the good old time and the golden." We only regret that it had the misfortune to appear in a volume that does it no credit. For fifteen consecutive years have we carefully preserved the Transactions of the Tennessee State Medical Society, and comparing them and the issue of 1853 with that of 1889, we can only feel ashamed and humiliated at the latter.

Possibly we have devoted too much space to this criticism ; but we could not help having a feeling in the matter, and we believe that all our Tennessee readers are also interested in it. In conclusion, we would advise the Secretary to act up to his promise of "doing what he can toward a correction of his errors," by investing \$5.00 in postal cards and requesting by earliest mail that the entire edition be returned to him *to be burned* ; then to go down in his pocket again, and pay for another revised and correct edition of 500 copies, for the use of the members of the Society, said edition to contain an apology to Dr. Duke for his gross ill-treatment by the Secretary in his self-assumed role of The Publication Committee.

CAPITAL PUNISHMENT: THE ELECTRIC WIRE *vs.* THE HEMPEN CORD.

The keen edge of the ax, of the days of Bluff King Hal, and before having lapsed into innocuous desuetude by being supplanted by

the hempen rope, the latter in these progressive days of science is possibly about to yield in turn to execution by electricity, about which much has been said of late by both the secular and lay press.

From the *Scientific American* of October 19, we make the following extract :

“The new law of the State of New York for the execution of criminals by electricity, instead of by the rope, will probably soon be enforced. Judge Day, before whom the evidence for and against the electrical system was presented, has decided the new law as constitutional. Mr. Harold Brown is the expert employed by the State to supervise the electrical machinery, and he has taken care to recommend the most effective and deadly means for the purpose, namely, the alternating current and the Westinghouse dynamo. This selection has given great offense in certain quarters, as it is supposed the machines named will have a stigma put upon them by reason of this debasing employment. Mr. Brown has been most unmercifully abused by some of the newspapers at the instigation, apparently, of the parties interested in the electrical machines. These persons pretend to be sufferers, both morally and commercially. They affect to be shocked that so pure and innocent an article as the alternating current should be used for such mean purposes; and, moreover, they think it will infallibly hurt their electrical business. Their often repeated unlawful killing of innocent people by means of their death wires running through the streets touches not their sensibilities, but the momentary pain to be inflicted upon a murderer by a lawful electric execution excites their liveliest sympathies.”

There is no question but what the very worst use you can put a man to, is to execute him, whether by hanging, beheading, shooting or by the subtle electric fluid or current.

So well is this fact established that quite a number of foreign countries, noted for their advancement in civilization and enlightenment, and not a few of the sovereign States of this Union have abolished capital punishment. Notably, Holland in 1870; Switzerland in 1874; Portugal, Rumania and Tuscany at various dates; nor has there been an execution in Belgium since 1853; in Finland since 1824; in Prussia, from 1869 to 1878 there were 484 persons sentenced to death, but only one executed; and even in Russia it is retained only for treason and military insubordination. In the United States of America, Michigan abolished capital punishment in 1847; Rhode

Island, in 1862; Wisconsin, in 1853; Iowa, in 1872; Maine, in 1876. Apparently strange to some, statistics carefully compiled do not show that the graver or more heinous crimes have by any means increased in these portions of the civilized world. Senator Jessup, of Iowa, writes in 1876, four years after its abolition; "Murder in the first degree has not increased, but for four years decreased" and that "There is more lynch law where the gallows is retained."

The object of capital punishment is two-fold: One to prevent a repetition of the crime by the same individual; the other, to deter others from a like procedure. Occasionally crimes are committed of so heinous a nature, that at first, when it is fresh in mind, there seems no adequate reparation—if even that can be so called, than the idea of the old dispensation of "a life for a life, an eye for an eye, or a tooth for a tooth." Yet in calmer moments, after carefully considering the matter, after mature deliberation and thorough reflection, there are but few men of proper and well balanced mental calibre, who would not either shrink from the duty of execution, or prefer at least that some one else should do the job.

In military life discipline must be maintained at all hazards—a too great laxity, or the least excess of leniency in behalf of one, or but few individuals, may involve the fate and life of hundreds and thousands; and while "short shrift, and prompt execution" may be of the two evils, the least; in "the piping times of peace," should not less harsh measures prevail?

The very idea is appalling, that a man, in good health, full of life, at a certain day and hour, of which he is only too well apprized, must take the fatal step. We all know that death will come—it is as inexorable and as irrevocable in its visit as the tax-gatherer, yet we have the happy consciousness of not knowing when, nor where. The poor victim in the last stages of consumption, or other inevitably fatal diseases, goes on day by day, hour by hour, in the hope, vain though it be, that it may yet be a little longer—yes, in the distant, ever coming but never arriving to-morrow, as day by day and hour by hour, he gradually loses his hold on the thread of life. His senses and sensibilities gradually becoming more and more benumbed, by a gradual, progressive anæsthesia, until when the knowledge of certain death is attained he no longer cares.

Far different is the victim of judicial sentence no matter what his crime: he is usually in the full plenitude of his powers, his feelings and

sensibilities wrought up to their highest, as day by day he approaches the fatal hour, knowing that there is nothing to intervene but the faint, dim hope of executive clemency, meted out by human hands. His very crime itself adding to the horrors of the dread future. One, brutalized by crime may meet his fate with an apparent stolid indifference; others assume a mad bravado—yet the fact of the given day and hour, coming nearer and nearer, fatal, terrible knowledge, cannot but be horrible.

It must indeed be a stern sense of duty, a grim observance of an official oath, that will nerve the hand of an executioner, or even enable the judge in his ermine to issue the fatal edict. In official executions are we not assuming the bravery of a flock of sheep, to whom collectively alone is timidity wanting? Thou shalt do no murder is a divine edict. "Whoso sheddeth man's blood, by man shall his blood be spilled;" the eye for an eye; the life for a life principle of the old dispensation has been set aside by the Son of God. It does not belong to Christianity. Collectively, through their representatives the people enact laws and statutes in regard to capital punishment; collectively, their representatives or agents carry out said laws; but is it any the less *murder* than when life is taken by an individual without the quasi protection of the people and their representatives at his back? According to law! Whose law: God's or man's? God alone can give life; who else has the right to say when it shall end? For the protection of the community? Is this the only way it can be protected? Can no other means be devised than to meet one crime with another?

That the human mind is beginning to revolve this problem—that we are not altogether satisfied, is clearly evidenced by the gradual but combined effort that has been made for years by which capital punishment can be divested of some of its horrors. The enchange of the gory ax for the rope, which in its turn is about giving place to the lightning's swift flash; the exclusion of the populace from executions in many of our states, making it a matter of business, grim but of dire necessity, and no longer a holiday or festal occasion for the populace; together with the abolition of executions in many localities are unquestionable indications that capital punishment is not of universal necessity. If Michigan, Wisconsin, Rhode Island and Maine can do without it and have no increase of capital crimes, what shall we say of Tennessee, Kentucky, New York and Pennsylvania? This is a grave question and justly entitled to grave consideration. Our National

Prison Congress that will meet in Nashville in a few days could not do better than devote its entire session, and for that matter many sessions to the thorough consideration of the subject. It has a direct bearing upon their mission. If it should be decided to abolish it, then our only means of punishment for crimes committed, or prevention of other crimes is by means of penal confinement. Should this be deemed the only means and measures to be resorted to for infractions of the law, then we can consider the most effective and humane methods for its execution.

Yet as we cannot hope for an early solution of the question, and as capital punishment will still be the rule and custom in many localities, perhaps we had better "return to our mutton" and again consider the method by which it shall be carried out.

Records of the past show more than one instance in which criminals have been utilized to determine the fatality of certain diseases; the effectiveness of certain remedies. Were not these instances in advance of their time? As hanging or any other mode of death under the law is the very worst possible use you can make of a man, cannot his death be utilized? If he by the heinousness of his crime has sacrificed his right to live, instead of wasting that life by the ax, the cord or the electric spark, can it not be utilized at the hands of science for the benefit of his fellow man? The Society for the Prevention of Cruelty to Animals strenuously objects to the researches of science when made on the lower animals, would objection also be made to so utilizing a condemned malefactor?

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Our readers will please bear well in mind that the meeting will be held in this city, Nov. 12, 13 and 14, at the State Capitol. The committee of arrangements have been actively at work and a most satisfactory meeting, in every respect, may confidently be expected.

In addition to the long list of papers already announced in our preceding number, we are informed by a second, supplemental, preliminary programme, that the following will be read:

Gynecology in its Relation to Obstetrics—W. L. Robinson, M.D., Danville, Va.

Observations based upon an Experience of Seventy-five Abdominal Operations—Jos. Taber Johnson, M.D., Washington, D. C.

Twenty Consecutive Cases of Abdominal Section—L. S. McMurtry, M.D., Danville, Ky.

Triple Amputation—J. B. Luckie, M.D., Birmingham, Ala.

The Treatment of Contracted Bladder by Hot Water Dilatation—I. S. Stone, M.D., Lincoln, Va.

Complications Occuring in the Clinical History of Ovarian Tumors—Richard Douglas, M. D., Nashville, Tenn.

What Kind of Instruments does Modern Antiseptic Surgery Demand—J. W. Long, M.D., Randleman, N. C.

Intestinal Anastomotic Operations with Segmented Rubber Rings, with Some Practical Suggestions as to Their Use in other Surgical Procedures—A. V. L. Brokaw, M.D., St. Louis, Mo.

Leucocythæmic Tumors as a Neoplastic Exponent of Rheumatism and their Similarity to Malignancy, with a Case—W. Locke Chew, M.D., Birmingham, Ala.

What Civilization is Doing for the Human Female—A. Laphorn Smith, M.D., Montreal, Canada.

Pus in the Pelvis and How to Deal with it—Joseph Price, M.D., Philadelphia, Pa.

Members of the Medical Profession are cordially invited to attend, and it is earnestly hoped by the local profession of Nashville, that all who possibly can, will avail themselves of the opportunity.

THE COUNTRY DOCTOR—A WEEKLY MEDICAL AND SURGICAL JOURNAL.

From a prospectus just received, a new venture in the field of medical periodical literature will be launched on or about January 1, 1890. It will have at the helm, as *redacteur en chef*, Dr. J. T. McColgan, of Arcot, Clay Co., Tenn., its place of publication, and will contain 16, three column pages of reading matter devoted to medical and surgical science.

Dr. McColgan has on repeated occasions favored the readers of THE SOUTHERN PRACTITIONER with scintillations from his facile and erudite pen, and we know that he can but please all who partake of the fare that he can place before them each successive week. He offers a very tempting array of prizes that will insure a valuable series

of original contributions, and will secure efficient collaborators and correspondents in all the large medical centres.

The subscription price is to be only *One Dollar* per annum, and our readers will do well to write by postal card or otherwise, to Dr. J. T. McColgan, Arcot, Clay Co., Tenn., for sample copy or prospectus.

INSTANTANEOUS CURE OF WHOOPING COUGH.—In the *Archives of Pharmacy*, 1889, page 382, it is stated that the instantaneous cure of whooping-cough was attained by Dr. M. Mohn, as a result of accidentally observing that the disinfection of the sick-room of the whooping-cough patient by sulphurous acid caused the disappearance of the paroxysms with a rapidity bordering on the marvelous. The patients are freshly clad in the morning, and placed in another room, in which they remain during the day. Meanwhile, 25 gm. of sulphur is burned in the sick-room to each cm. of space; and after the bed-clothing, garments, etc., have been properly spread out, and the sulphurous acid been permitted to permeate the air for five hours, the patients return to their disinfected sleeping rooms in the evening, and are cured of whooping-cough.

Physicians may not generally be aware of the fact that sulphur bricks are obtainable which may be burned to secure the effects of sulphurous acid by inhalation, or for general disinfectant purposes. Parke, Davis & Co. supply these, as well as a general line of disinfectants for household use, and will afford physicians all desired information concerning them on request.

COPAIBA as a dressing for wounds and after surgical operations was in use over 140 years ago. Recently Dr. H. H. A. Beach, of Boston, in the *Boston Med. and Surg. Reporter*, has called attention to his successful use of it in such cases. It is absorbed on charpie, or cotton-waste, and bandaging it upon the surfaces healthy granulation invariably follows, the pus is readily absorbed by the porous mass and no unpleasant odor is eliminated.

LOCALIZING THE WOUND.—Dr. Swinkler: "And so your friend was shot in the lumbar region?"

Mr. Twinkler: "Oh no! He was shot in the coal regions"

Dr. S.: "Oh yes! In the colon; see, come—that's good."

COCAINE TABLETS.—These tablets are now largely used by careful physicians for extemporaneous preparation of any desired strength of cocaine solution. The rapid deterioration of cocaine solutions make these tablets a necessity. To make a two per cent. solution of cocaine: In one fluidrachm of water dissolve one cocaine tablet $1\frac{1}{8}$ grain. To make a four per cent. solution of cocaine: In one fluidrachm of water dissolve one cocaine tablet $2\frac{1}{4}$ grains. To make a ten per cent. solution of cocaine: In one fluidrachm of water dissolve five cocaine tablets $1\frac{1}{8}$ grain; or dissolve two $2\frac{1}{4}$ grain and one $1\frac{1}{8}$ grain tablets in one fluidrachm of water. Parke, Davis & Co. guarantee the purity and anæsthetic efficiency of their cocaine product and will send samples of their cocaine tablets to physicians if desired.

ALETIS CORDIAL.—A. Page, M. D., Rushmore, O., says: I have prescribed Aletris Cordial (Rio) in preference to all other similar preparations for a period of two years with no failure in a single instance. I also spoke of its merits in our last meeting of the Northwestern Ohio Medical Association, in a paper which I read before that body. I treated a case of a young lady of twenty-three who had been troubled with excessive menstruation for five years, amounting almost to a hemorrhage at each period, and lasting ten days. Prescribed Aletris Cordial to be taken in drachm doses four times a day, commencing five days before each period; the first bottle reduced the discharge perceptibly and shortened the duration from ten to six days; ordered it to be taken during the interim of the next period and the result was almost magical, the second period being reduced to four days which was normal and the discharge the same. The patient has now been eight months without any treatment and she as also myself considers the case permanently cured.

CHRONIC ALCOHOLISM.—

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M. Sig.—Teaspoonful in water, four times daily.

Very valuable for old, worn-out drunkards.

SYPHILITIC ULCERATION OF THE NOSE PALATE.—Dr. L. W. Condon of Dover, N. J., writes:

I have recently witnessed satisfactory results from the persistent administration of **SODIUM ALBUMIN** in an aggravated case of the destruction of the nasal velum and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continuously for three weeks of the time, and had failed to arrest the progress of the disease.

We personally know Dr. Condon as a physician of large practice, much above the average in education, and one of the most successful physicians in New Jersey. Coming from him the above is a very high commendation.—*Ed. Mass. Med. Journal.*

DR. F. L. SIMS, M. D., AND THE STATE BOARD OF HEALTH.—Since our old friend, the earnest and energetic Thorburn of Memphis, has resigned his position on the State Board of Health, we are gratified indeed that his mantle has fallen on such worthy shoulders as those of our genial confrere of the *Memphis Medical Monthly*. The powers that be might have sought far and wide, long and scrutinizingly before finding a man more eminently qualified for membership on the State Board of Health than Dr. F. L. Sims. His very physique itself can but give weight to the Board, and his intellectual acumen, ability and research will add materially to its successful results. We congratulate the Board most heartily on the acquisition of so able a colleague.

SYPHILITIC RHEUMATISM.—

R. P. Case 1st..... 1898. 4

1st. Y. G. Case..... 1898. 5

M. P. Case..... 1898. 6

— 5 — Teaspoonful before meals and at bedtime.

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KATHARMON.—J. J. Norvine, M.D., of Bismark, Mo., writes as follows:

Katharmon like many other new remedies brought to the notice of the profession has been used and misused—condemned and praised before fair trial. I have been using Katharmon with the atomizer in the treatment of catarrhal trouble of the throat and nose with better results than any other remedy, but especially do I feel thankful for its usefulness when I am called upon to treat subacute or chronic cystitis. I use 15 to 25 per cent. solution with previously boiled cistern water, and wash the organ every other day with most excellent and surprising results. Also, by means of absorbent cotton saturated with 3 parts katharmon one part glycerine applied to irritable and itching piles affords quicker relief than any remedy at the hands of the physician.

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CONTENTS FOR NOVEMBER, 1889.

ORIGINAL COMMUNICATIONS:—

- Clinical Morphology vs. Bacteriology with Some Therapeutic
Deductions. By John Ashburton Cutter, M.D., B.S. . . 459

SELECTIONS:—

- And They Sat Down by the Rivers of Water 473
Contagiousness of Tuberculosis 476
Treatment of Abscess of the Liver 477
A Dangerous Experimenter 479
The Luxury of Professional Lying 480
Lawson Tait on Fibroids of the Uterus 482
The Contagium of Diphtheria 484
The Shuttle Pulse and its Portent in Practice 484
The Diagnosis of Acute Pulmonary Tuberculosis 485
Piano and Puberty 486
B. M. A. 487
Book Notices 487

EDITORIAL, REVIEWS, ETC:—

- Transactions of the Medical Society of the State of Tennessee,
56th Annual Session, Nashville, 1889 490
Capital Punishment: The Electric Wire vs. The Hempen
Cord 494
The Southern Surgical and Gynecological Association . . . 498
The Country Doctor—A Weekly Medical and Surgical
Journal 499
Instantaneous Cure of Whooping-Cough 500
Copaiba 500
Cocaine Tablets 501
Aletris Cordial 501
Chronic Alcoholism 501
Syphilitic Ulceration of the Soft Palate 502
Prof. F. L. Sim, M.D., and the State Board of Health . . 502
The Medical Department of the University of Tennessee . 503
Our Advertisers 503

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Original Communications.

THE IMPROVED CÆSARIAN SECTION *vs.* CRANIOTOMY.

BY PROF. W. D. HAGGARD, M.D., OF NASHVILLE, TENN.

[Abstract of a paper read before The Southern Surgical and Gynecological Association, at its meeting in Nashville, Tenn].

To the obstetric surgeon, but more particularly to the parturient woman and her unborn child, the subject is one of commanding importance. Looking to the good of humanity at large, obstetric medicine has never yet reached its fullest capabilities. The comparatively recent improvements, advancements in the obstetric art, better facilities, better instruments, more perfect technique, and advantages of antisepsis have not yet been fully appreciated. Instead of giving you statistical compilations from past records, I prefer to discuss the question involving the destruction of the living child—a practice though repugnant to all the higher instincts, has received the sanction of such high authority that it was almost the universal practice for centuries.

The greatest obstacle to delivery in a majority of cases is some deformity of the pelvis or mal-presentation of the fœtus. In order that we may overcome these, it is necessary that to an erudite knowledge of our profession, we bring in addition a calm, clear and thorough consideration of the priority and preference of the claims of the forceps, version, craniotomy, gastro-elytrotomy, the improved Cæsarean section, the utero-ovarian amputation, or the total removal of the uterus, having due regard for the life of both *mother* and *child*.

By august decree woman must bring forth children in sorrow and travail. Notwithstanding the enchantments of beauty, the joys of love, the delights of the nuptial bed, the portal of life is presided over by anguish and danger. Around the beautiful love of maternity, the pangs of anguish ever hang. To prevent this anguish we have yet no remedy. Anæsthesia has been a boon, but so many a child comes into the world, sprinkled with its mother's blood, receiving its life at the jeopardy of hers, even in normal, uncomplicated labor. And think of those cases when nature has not her usual course by reasons of mal-presentation, pelvic distortion, or other obstruction to labor!

Here the accoucheur has a responsibility second to none in the whole range of human duty. Two lives hang upon his judgment. With all diagnostic skill, accurate anatomical knowledge, mechanical ability, preceded by profound study, he must yet have a sense of conscientious duty, and consider well between the destructive operation of the past, and the conservative methods of to-day.

On a momentous occasion Baron Larrey interrogated Napoleon I, as to which life he desired to be saved in the event the terrible question was forced upon the medical attendants of the beautiful Empress. Short and sharp came the reply: "Forget that you are accouching the Empress, or that she is giving birth to the King of Rome. Treat my wife as you would a Bourgeoise of the Faubourgs. Then if one life must be sacrificed it is the mother's right to live. She must have the preference." The result is historical, and to the influence of the Corsican Corporal, reckless of results though fortunate in attainment, may be attributed the general and sweeping canon that the mother has the first and

highest claim. This opinion is not universally accepted by the medical profession, nor by our brethren of sacerdotal cloth. The great Catholic Church of imperial Rome, that great conservator of force, that most ancient of all forms of polity, coming down to us through so many centuries and so full of human impulses, and yet regardful of the sacred soul that is in the fetus and mother alike, affirms through the Theological Faculty of Paris, "that if it is not possible to extract the infant without killing it, it is not possible to extract it without mortal sin."

Life is the gift of God, and no man has a right to destroy one life to save another, except it be in self-defense. So long as the life of the mother was made to depend on the death of the fetus, but little advance was made in prolonging the one or preserving the other. The advances of the art and science of obstetrics justify the question of the needless sacrifice of hecatombs of unborn children. The first right of the child is the *right* to be born. It may seem utopian to demand that this right be respected, but as Cæsar paused upon the banks of the Rubicon, so should others pause before they say the "die is cast."

In remote antiquity many women perished in child-birth without artificial aid. But as the science and art of obstetrics advanced, surgeon-midwives attempted various expedients. Pliny has placed upon record the names of Scipio Africanus and Manlius; The name of Cæsar has been justly given to his followers; and MacDuff was "from his mother's womb, untimely ripped."

Version was suspended during the middle-ages, absolutely a "lost art," owing to the frequency of craniotomy, and the forceps was completely buried in oblivion.

Baudelocque and his contemporaries essayed to stay the tide of blood, the destructive operations having reached a recklessness that was appalling. Playfair says, after alluding to the great destruction of foetal life, that "we could not look back to without a shudder," and asserting that "craniotomy was performed three or four times as often as forceps delivery;" that "Fortunately, professional opinion has now completely recognized the sacred duty of saving the infant's life whenever it is practicable to do so; and British obstetricians now teach, as carefully as those of

any other nation, the imperative necessity of using every endeavor to avoid destruction of the fœtus."

Yet, notwithstanding so positive a statement, child murder has been too often the order of the day since its enunciation; and until the advent of antiseptic methods, the death rate for mothers after embryotomy has not been inconsiderable; since which time, however, it has been reduced to almost nil; yet the innocents are still destroyed.

With the revival of the Cæsarian section by Sanger, his improvement in the technique of the operation, and antiseptic methods, the light of day began to dawn upon the bloody field of craniotomy, and it now seems likely to culminate in the acceptance of the improved classic Cæsarean section to the exclusion of the destructive method, thus lifting from the shoulders of the obstetrician the terrible burden they have so long borne. To deliberately sacrifice the life of the child should long since have been relegated to the realm of desperate expedients. The illustrious Meigs refused to perform embryotomy for a historic patient for the third time, and Gibson's success in delivering her of living children by the Cæsarian section, before it had reached its present perfection, comes to us as a psalm of life and a song of victory, foreshadowing, that the hosts of science would cross at last, the Red Sea, in whose waves of blood they had waded so long. When the improved Cæsarian section was first brought to the notice of the profession by Sanger in 1880, it seemed as if he had captured by a sudden dash, the grim outworks of that citadel of death, so long frowning upon the birth of life.

All over Europe and America, antiseptis, the abbreviated name of the Angel of Cleanliness, is hovering over the bed of maternity, the mangled from accident, or the wounded by chance, leading the advance in the whole line of march against the ills that flesh is heir to. In the Cæsarian section the office of the physician is to save the life of mother and child. He is not the executioner. That life which he did not give and which he must not take, is left in the keeping of its author, the Almighty God, in whose hands, in spite of the utmost medical skill, are the issues of life and death.

The killing of children at the call of scientific necessity was always of doubtful propriety, and a temptation to reckless and destructive methods that have borne bad fruit. Who has the right to decide as to which of two living beings shall die?

The Cæsarian section offers justifiable means of saving both, and relieves both heart and conscience from the charge of scientific murder.

Embryotomy on a living child will soon cease to be a scientific or justifiable operation. It is foreshadowed in the statistics of Caruso, who reports up to October, 1888, and shows that out of 135 cases, 74 24-100 per cent. of the mothers, and 91 72-100 per cent. of the children recovered after the improved Cæsarean section. He shows that mothers have three out of four chances; and children, nine out of ten for life. As compared with craniotomy, even under antisepsis, he says that 93 4-10 per cent. of mothers recover, but *all the children are lost*.

From these facts and figures I deduce the following: Given, one hundred cases of obstructive delivery, requiring the destructive or the conservative operation. By the former, ninety-three lives would be saved; by the latter, one hundred and sixty-five. Only a difference of seventy-two living beings out of one hundred deliveries. Statistics in the future will even show better results, from the fact that the conservative operation, becoming better understood, will be resorted to from choice and not necessity, after the mother has been exhausted at ineffectual efforts at delivery when obstruction rendered it impossible.

When the obstetrician discovers the obstruction to be insurmountable, he will not hesitate, nor delay, but elect one of the conservative methods, and perform it with every advantage such an operation would have over one *forced* upon him by his fears, after the parturient mother has been stretched upon the rack until strength and hope had almost fled.

By the revival of the classic Cæsarian section, an intelligent foundation has been laid, on which the true philanthropist can labor in behalf of children, yet unborn.

False views have had science bridled for centuries. Let science dictate for awhile, and when results are known, men and angels will rejoice.

Wise conclusions are always based upon accurate knowledge, the result of which can only be reached by scientific methods. The public and the profession have ever accomplished much when working together, yet still greater achievements may be won, and the destruction of an unborn living child will no more be known in the land.

The general adoption of the Cæsarian section with its substitutes and improvements, in lieu of the destructive methods upon the living child, will add immeasurably to the span of human life, and render the cry of distress and wail of bereavement still less and less, until in swelling chorus would be heard singing round the world the merry cry of children, the sweet voices of young men and maidens, and the triumph of older men and matrons, saved to the world by the interpretation of science.

The requirements of the accoucheur in this "the scientific period" are high and difficult, but they are such as to excite the ambition of youth, and the emulation of genius. Once attained, he can confidently enter the sacred lying-in chamber, with wisdom to differentiate and nerve to act. While his patient is still full of hope and courage he will relieve her of her burden with the keen blade of scientific mercy, and snatch her child from the domain of death, thus giving maternity and childhood, a like chance for life, condemning neither; thus taking from the sacrificial surgeon the blood of unborn babes, and no hands will be left reeking with the massacre of innocents in the halcyon days to come.

REST AS A THERAPEUTIC AGENT.*

BY JOHN M. CUNNINGHAM, M. D., BEDFORD P. O., TENN.

We have only to notice the mechanism of our bodies, the waste and repair, the wear and tear, to fully appreciate this subject. The gifted poet, Young, while meditating on the structure of the human body, exclaimed: "How complicated; how wonderfully made is Man!"

* A paper read before the Bedford County Medical Society.

That illustrious physician of antiquity, Galen, is reported in his youth to have been a sceptic ; but on witnessing a dissection, and examining the mechanism of the human body, the divine wisdom and design running through all its parts, he was impressed with such a sense of the great architect that he became a convert, and during the remainder of his life devoted himself to the worship of Deity. He caught the first spark of divine light from a survey of this wonderful machine. By turning to the "Book of Books," we find that the psalmist, David, knew something of his anatomy, "I am fearfully and wonderfully made, O Lord !" he cried out after surveying the mechanism of his own frame.

Now when we come to consider physiology, a knowledge of the structure and functions of this wonderful machine, the motive power that puts and keeps it in a state of activity, while there is going on a constant waste and repair, even in the highest degree of normal or healthy life, how applicable is a consideration by the physician of the subject I have under discussion—
Rest.

Yes, health depends on the activity of a numerous assemblage of vital organs, that the stoppage of a single secretion may destroy. An abnormal state of the fluids, or a single wheel clogged may put an end to the vital spark.

And when we understand this, when we consider the extensive contrivance and delicate mechanism of these bodies of ours, it is easy to understand how they will become tired and exhausted and need rest. It is so necessary that the one who formed us has not only given us one day out of every seven, but one-third of the remainder of time for "tired nature's sweet restorer, Sleep." This rest cannot be dispensed with in health. Now, if rest is so absolutely necessary in health, has not rest in disease an inestimable value? It is this rest that we want to discuss.

We would first call your attention to the influence of bad discipline in the sick room ; that should be avoided, for it is calculated to rob our patient of this therapeutic agent.

One of the greatest nuisances which the country doctor has to

contend with, is the visitation of sympathizing friends to the room of his patient. In the country, people are acquainted for miles around, and every case of severe sickness is an object of general interest, either through sympathy or curiosity; this is a difficulty hard to combat, for such attendance as the family are unable to give is volunteered by neighbors, and hence the patient is exposed to quizzing, newstelling, and worse, by the medical advice of a new attendant every night. It is wonderful what an amount of medical knowledge the people possess. No longer than a few days ago I had one of these experts in the shape of an ex-magistrate to visit one of my patients—when out with his glasses, "Let me see your tongue—yes, that will do, I know what is the matter." I did not ask him for his diagnosis. Such attendants can inform the patient of some positive cure for his ailment, and many times induce him to try the remedy; very frequently, too, the patient is impressed with the superior qualifications of some medical man other than the regular attendant, and all times through these varied accomplishments of his attendants, is kept in a state of nervous unrest that prolongs and exaggerates the case. These night watchers or nurses generally go in couplets, and in order to keep awake spend the night in gossip regarding the crops, the people, the marriages, the deaths, wonderful cases of disease, similar to that of your patient, and if masculine, even politics. You may hear some holloa out, as they did while Quigley was attending his first granny case, "Sallie, go out and chuck that dog out from under the house, it is a bad sign to hear a dog howl; it is almost a sure sign of death, remarking in a plainly audible whisper—"poor Sukey Moore died arter, just arter their old brindled Dash howled." Now, gentlemen this is well calculated to produce that calm, restful, mild repose, so essential to the well being of a patient, and yet how often—Oh, how too often does it occur?

Rest is admitted by all to be one of the greatest aids to recovery in all kinds of sickness. It would be better to allow our patient to die with disease than to be scared to death. Select your nurse, issue positive orders and see that they are carried out. Now when rest cannot be accomplished by good discipline and the moral in-

fluence brought to bear, we will have to resort to drugs of which the most important is opium. Dr. Dewey in condemning quinia in typhoid fever, says "to-day sulphate of quinia is a therapeutic despot, whose autocratic sway few have the courage to dispute." At sometime, in some stage of every malady, most doctors fancy they find an indication or excuse for giving quinia. In high fever it will pull down, in low fever it will push up.

"No pulse so high, no pulse so low,
But down one's neck the stuff must go."

Now gentlemen, I will say I think quinia is a hero, and, if there is anything positive in medicine, it is that quinine will cure malarial disorders. But I do think that opium as a therapeutic agent covers more ground, there are more indications for its use than any other drug in the materia medica, not only as a palliative measure but as a curative measure or remedy, by relieving pain and general nervous irritation. I think we would do well to follow the injunction of Chomel, who said while on conservative medicine "it was our duty not so much to treat disease as patients affected with disease." Is it not conceivable that the relief of pain or suffering, may or will conduce to the favorable termination of disease?

In disease where pain exists, to relieve the suffering should take precedence of all other demands. In a great many of the neuroses this is all that is required to effect a cure.

Asthma for instance, is very often cut short by some anodyne which benumbs or set to rest the nerve center or reflector of irritation. But while the relief of pain does not effect a cure per se, in every case, it is a great auxiliary to other remedies and to old nature herself in bringing about a cure. Yes, rest as a therapeutic agent in every disease is of paramount importance. Take that dreadful disease cholera, or any disease of the alimentary canal, rest even in a certain position is a benefactor.

Without calling your attention especially to the importance of my subject rest in surgery, we will simply notice its efficacy in all inflammations. Never will I forget the words of the late Prof. Paul F. Eve, M.D., when he said to the boys "don't forget that in inflammatory diseases rest is the basis of all treatment."

Yes, gentlemen, in the treatment of pneumonia, peritonitis, meningitis, and all that class of diseases, and for inflammation following injuries and surgical operations, we should push our anodyne remedies to the extent of procuring rest. I don't know how it has been with the rest of you gentlemen, in giving opiates, chloral, etc., but I have had in the past a timidity of giving too much; but now I think I very often erred in not giving enough. There are two effects which opium always tends to produce; it relaxes muscular spasm and allays pain, thus increasing the general vascular area and diminishing the blood pressure and producing rest. And without this rest our efforts might be thwarted and bring defeat where victory might have been won.

Selections.

PTOMAINES AND LEUCOMAINES AND THEIR RELATION TO DISEASE.—Dr. Jos. LeConte contributes to the *Pacific Medical Journal* an interesting article under this caption. He reviews briefly the germ theory of disease together with its recent modifications of interpretation and its outgrowths. With the discovery of toxic germs of diseases, it was at first believed that all the grave symptoms of a germ disease were due *directly* to the presence and multiplication of specific microbes. The first modification of this idea was, that disease in these cases was not due *directly* to the microbes, but to the accumulation in the blood of a poisonous chemical substance, a by-product of microbial multiplication, *id est* the ptomaines which may be regarded as alkaloids of albuminoid decomposition induced by the vital activity of microbes. The writer believes that we are now on the eve of another equally important modification of the original theory growing out of a recognition of the *leucomaines*—the poisonous products of albuminoid decomposition induced by *cell life*. The leucomaines, although formed by normal physiological processes, are highly poisonous, and inimical to health unless speedily eliminated by appropriate organs. If now there

should be a failure to eliminate these toxic elements the result would be diseases similar to those produced by disease germs, except that they would lack the property of contagiousness because they are not due to the presence of microbes. The writer suggests that in view of this conception light may be thrown upon the etiology of some of those obscure sporadic and apparently non-contagious forms of fever which often puzzle the physician to classify, such as some varieties of typhoid, malarial, typho-malarial, continued fever, and perhaps also a host of other indispositions of less severity. In the elimination of the leucomaines, the writer believes with Schiff, that the liver is the organ chiefly concerned. He believes further that this process is accomplished by the splitting of albuminoids (whether of food or of waste tissue) into glycogen (which is immediately converted into liver sugar and burned) and a nitrogenous incombustible residue which is eliminated by the kidneys as urea. Thus leucomaines (and perhaps ptomaines) are rendered innocuous, and at the same time utilized as fuel. If these views should prove true we would have ample justification of the time honored practice of clearing the bowels and stimulating the action of the liver in the early stages of various diseases.—*Jour. Am. Med. Ass'n.*

THE DIGESTIBILITY OF BOILED MILK.—It is now very regularly recognized, both by medical men and by the more highly educated section of the community, that it is a wise precaution to boil both water and milk before using them as beverages, and the practice is becoming very common. The growth of pathogenic organisms in these fluids, especially in milk, is often very rapid, and thus diseases may be transmitted from one place to another. The temperature of boiling water puts an end to the life of the microbes, and also to the danger of infection. Another reason why boiled milk is so much used, especially in infant feeding, is that it is supposed to be more easily digestible than fresh milk. If, however, we can draw correct deductions from dogs to babies, it would now appear that this belief in the superior digestibility of boiled milk is founded on error. Dr. Randnitz, of Prague, has recently published, in Hoppe-Seyler's

Zeitschrift für physiologische Chemie, certain very striking experiments on this subject. He admits, what anyone may confirm for himself, that milk that has been boiled does not, on cooling and the subsequent addition of rennet, form a large coherent clot, as does fresh milk, but a flocculent precipitate of casein is produced instead. He shows, however, by analysis of the milk itself and of the urine and fæces, that much less nitrogenous material is absorbed from milk that has been boiled than from the same milk when fresh. The digestibility of fat is apparently unaltered by boiling; the following figures, however, illustrate the fact just alluded to as the difference of digestibility of the proteid materials: In three days 15.6 grams of nitrogen were given in the form of fresh milk; of this quantity 13.3 per cent. was found in the fæces; the nitrogen of the urine accounted for 77.3 per cent., so that 9.4 per cent. was retained in store by the growing animal. The animal was next fed on boiled milk, and 10.4 grams of nitrogen were given in that form for two days: 18.6 per cent. of this was found in the fæces, 75.7 in the urine, so that only 5.7 per cent. was assimilated. The belief in the superior digestibility of boiled milk is, however, so widespread, that we should like to hear of the confirmation of the above remarkable results before we recommend mothers to leave off what is, from other points of view, the very praiseworthy custom of boiling the milk they give to their children.—*British Medical Journal*.

DIET AND URIC ACID FORMATION.—Dr. W. H. Draper, in a paper before the Practitioners' Society of New York, takes the following position upon this subject of great and growing importance (*Medical Record*, October 12, 1889):

The clinical evidence, based upon the effects of certain kinds of foods in producing showers of uric acid and sediments^a of urates in the urine, would seem to indicate that these phenomena are the result of an imperfect conversion of the carbohydrates, which gives rise to the introduction into the circulation of acids which diminish the alkalinity of the blood, and so impair its solvent power over uric acid. It is the evidence of this nature,

derived from a considerable clinical experience, to which I wish to ask your consideration.

Many years ago my attention was called to the fact that gouty and lithemic subjects exhibited a striking inability to digest the carbohydrates. I observed this in the victims of acquired as well as hereditary gout, but especially in the latter, and often at a very early age. This inability to convert the carbohydrates I found manifested itself in an acid dyspepsia, with increased acidity of the urine, with showers of uric acid crystals or deposits of urates, and, secondarily in the nervous derangements and the catarrhal lesions of the skin and mucous membranes which characterize the lithemic state. Closer observation led me to the conclusion that the essential, and often the only successful, means of combatting these derangements was the withdrawal, more or less complete, of the sugars and starches from the diet.

It is only by careful observation and experiment, in any given case, that the dietetic cause of lithemia can be ascertained. In the group of carbohydrates and their derivatives which enter into an ordinary dietary, it is often only necessary to exclude the fermented preparations of alcohol to correct the tendency to uric acid formation. Wines and beers are perhaps more often responsible for this condition than any article of table use. Following these I am inclined to class fruits as a frequent cause of lithemia. It is not an uncommon experience to see attacks of gout even provoked by strawberries, watermelons, apples and oranges, as readily as by Madeira and Burgundy. I would not be understood as affirming that anything like the rigid exclusion of carbohydrates from the diet of lithemic persons, which I believe to be sometimes necessary, is often required. Experiment only can determine what particular group of this class of foods is the source of mischief in the digestive process. It may be the fermented liquors, it may be fruits, it may be the sweet desserts, it may be the farinaceous foods, and it sometimes happens that the lithemic subject will have to be as strictly barred from indulgence in all of these things as the glycosuric.

The writer of the paper further stated this digestive peculiarity is sometimes intermittent, is apparently excited or aggravated by

nervous strain of any kind, and is most common in neurotic persons and those who lead sedentary lives or follow intellectual pursuits. Excess of uric acid and its compounds in the urine indicate not so much increased production, as blood changes affecting its solubility and excretion. This condition is one of diminished alkalescence; this is due to entrance of acid substances into the circulation, largely through fermentation in the alimentary canal, or imperfect conversion by the liver of saccharine and farinaceous elements of the food; and finally, clinical experience tends to show the propriety of management based upon these ideas. These are the essential points of an essay of much and practical value, and well worthy thinking about.—*Indiana Medical Journal*.

EFFECTS OF ALCOHOL ON THE MIND.—It is one of the curious errors that alcohol stimulates the imagination, and gives a clearer, more practical insight into the revelation of events of life. The whirl of thought roused up by the increased circulation of the blood in the brain is not imagination; it is not a superior insight or conception of the relation of events, but is a rapid reproduction of previous thoughts, soon merging into confusion. The inebriate never creates any new ideas or new views; all his fancies are tumultuous, blurred and barren. The apparent brilliancy is only the flash of mania, quickly followed by dementia. Alcohol always lowers the brain capacity, and lowers the power of discriminating the relation of ideas and events. After a few periods of intoxication, the mind under the influence of spirits is a blank, blurred page. The poets and orators who are popularly supposed to make great efforts under the influence of alcohol only repeated what had been said before in a tangled delirium of expression. The physicians who are supposed to have greater skill when using spirits have paralyzed their higher brain centers, and have lost all sense of fear or appreciation of the consequences of their acts, and hence act more automatically, simply doing what they have done before without any clear appreciation or discrimination of the results. The inebriate is the best of all imaginative persons, and the one in whom the higher brain forces of judgment, reason,

and conception are the first to give way. The man who uses spirits to give mental force and clearness is doing the very worst thing possible to destroy this effect. Alcohol is ever and always a paralyzant. It never creates anything ; it never gives strength or force that did not exist before ; it never gives a clearer conception and power of execution, but always lowers, destroys and breaks down.—*T. D. Crothers, M.D., in Scientific American.*

CONTAGIOUSNESS OF PHTHISIS.—A man of thirty-four had been sick with phthisis about four years ; gradually grew from bad to worse, until the usual end was reached. It was not until the last three or four months of his life that he was confined to his bed. He was fond of pets, and during these three or four months, it was his fancy to have his dog in the room nearly all the time.

The animal would jump on the bed with his master, and there often slept, near the mouth that was giving out the poisoned air, thus breathing that which should be most avoided. It was not long before the dog began to show signs of starvation, noticeable even to the sick man. The pet's food was looked after, but no change in the condition. Gradually the animal grew worse, and in less than a month after the master's death, the faithful animal had to succumb to the waste and cough.—*W. A. Duvall, M. D., in Maryland Med. Jour., November 2, 1889.*

HERNIA IN CHILDREN.—Reduction and permanent retention, practically summarize the treatment of hernia in infancy and childhood. In the case of inguinal or femoral hernia, a hard rubber truss, the spring of which is not too strong, should be applied immediately after reduction, and worn day and night. The skin should be protected by frequent bathing with alcohol, after which it should be thoroughly dried, dusted with zinc oxide or ordinary infant's powder, and further protected, if necessary, by a small pad of absorbent cotton. *The truss must be worn day and night, and the hernia must never be descend.* Under this treatment the physician need not hesitate to give a favorable prognosis.—*University Medical Magazine.*

A COMPARISON OF THE VARIOUS METHODS FOR THE CURE OF HERNIA.—By C. H. Mastin, M. D. (Mobile). This paper is an impartial review of the history of the treatment of hernia, presented for the purpose of initiating a discussion upon the subject. From comparison the author finds that no fixed rule of procedure is established, and although the radical operation is a marked improvement, it can not be considered perfected, because the methods hitherto resorted to have not proved radical in results. The operation is ideally correct, but the question arises, whether, with the certainty of success, the risk justifies the operation; especially so if the circumstances of the individual are such that he can content himself the use of a properly adjusted truss.

M. H. Richardson (Boston) did not believe in advocating the radical operation in trifling cases, but where it is necessary for any reason, his preference has been for the invagination of the sac as proposed by Macewen. In cases of strangulated hernia he dissects out the sac and stitches the ring, not using invagination.

D. Hayes Agnew (Philadelphia) considers Barker's operation the most philosophical, although he has tried about all the various procedures advanced. The classes proper for operation are two: (1) All cases of strangulated hernia and (2) those rebellious cases which can not be controlled by a truss and which place the lives of the patients in great risk.

W. W. Keen (Philadelphia) believed that the operable cases were gradually receding beyond the limits set by Dr. Agnew and that we are tending progressively to include a large number of cases among those in which operation is justifiable. He prefers the open method, and would use either McBurney's, Macewen's or Ball's.—*Am. Surg. Ass'n*, 1889.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

THE DOCTOR'S PORTRAIT.—“After his death a physician's outstanding bills are rarely collectable. Many a one, with a large practice dies, and his estate is found to be not worth administering on. According to Dr. Jarvis' tables, the average age of the lives of physicians is fifty-six years. If you begin practice at twenty-four, your active life prospect will be thirty-two years, and from a thousand to fifteen hundred dollars will represent your average yearly income. Now, were you (through God's mercy) to practice these thirty-two years without losing a single day, and collect (say) eight dollars every day of the time, you would receive but \$93,440. Deduct from that amount your expenses for yourself and family, your horses, carriages, books, periodicals and instruments; your taxes, insurance, and a multitude of other items for the whole thirty-two years, (11,680 days), and then, so far from being rich, even after this long and active life of usefulness in this most important and honorable profession, after a whole life-time of scientific work, mental toil and slavery to our unrelenting taskmaster, the Sick Public; from the days of the days of the dirty, unwholesome dissecting-rooms, through all life's phases, to old age; with not even the 1,564 Sabbaths to call your own—you would have but little, very little, left to support you after you naturally reach the down-hill of life, or are broken down in health with faculties deteriorated, and in need of a physician yourself, through worry, anxiety and fatigue in the discharge of your duty.—*Dr. Cathell in last edition of Physician Himself.*

A MISTAKEN IDEA.—General Armstrong, formerly Consul General at Rio de Janeiro, was at the State Department November 4, having just arrived in this country. He says the fears of a yellow fever outbreak in the ports of Brazil, referred to in the *Reporter*, November 9, are unfounded, that the prospects for a good season are bright.

Oh nó! It was not an outbreak of Bronze John that was on the tapis; but one of Necrosis of an Empire and the birth of a public.—ED. S. P.

GASTROTOMY FOR THE REMOVAL OF A FORK.—By F. Terrier (Paris). The point of particular in this case was that the foreign body was extracted through a median incision. This incision appeared to the author much the easier and the most favorable for the examination of the stomach. It was very easy to free the fork through the stomach wall, to grasp them without touching an important vessel and draw them out so as to extract the foreign body readily. He sutured the mucous and serous coats separately and returned the whole into the abdomen, and stitched the abdominal wound as in any laparotomy.—*Société de Chirurgie de Paris*, May, 1889.

DIAGNOSIS OF PERFORATIVE OTITIS.—Dr. E. D. Spear has devised the following ingenious method of detecting perforation of the membrana tympani. A piece of clear, cold glass is held close to the ear speculum, whilst the surgeon looks into the auditory canal in the usual manner with the mirror. The patient is now directed to do the Valsalvian experiment, whereupon, should a perforation exist, the vapor of the breath will be condensed upon the glass and obscure the view.—*Boston Med. and Surg. Jour.*

GOV. FORAKER'S private secretary announces that the Republican candidate has "peritonitis of the stomach." It is further said that Foraker gained 5,000 votes by this affliction. If he had been attacked by spinal meningitis of the heart or albuminuria of the lungs he might have been elected.—*Phila. Times and Register*.

Oh no! It was not peritonitis of the stomach; it was a diarrhoea of words and a constipation of practical ideas.—ED. S. P.

STERILIZED LINT.—M. Regnier renders lint sterile by heating it to a temperature of 120° C. (248° F.) M. Regnier has tested the antiseptic value of lint thus prepared in dressings applied after operations of various kinds with good results. At the recent Surgical Congress he stated that he considered sterilized lint equal to antiseptic dressings.—*British Med. Jour.*

VARNISH FOR CLEANING AND PRESERVING HARNESS AND OTHER LEATHER GOODS.—Four ounces of shellac, half an ounce of camphor, and one ounce of resin are dissolved in one pint of methylated spirit and shaken at intervals for forty-eight hours. The mixture is then colored according to the kind of leather with which it is to be used. Other resins, solvents and proportions may be adopted.—*Scientific American*.

Reviews and Book Notices

CHEMISTRY: GENERAL, MEDICAL AND PHARMACEUTICAL, including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science, and their Application in Medicine and Pharmacy. By JOHN ATTFIELD, F.R.S., M.A., and Ph.D. of University of Tübingen; F.I.C.; F.C.S.; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc., etc. Twelfth Edition, pp. 770, fully illustrated. Leather. Lea Brothers & Co., Publishers, Philadelphia, 1889. For Sale by Hunter & Welburn, North Market street, Nashville, Tenn. Price, \$3.25.

Attfield's Chemistry, its first edition appearing in 1867, now having reached its twelfth edition, is far too well known to the medical men of this country to need commendation at our hands. It has been thoroughly recognized as one of the *standards* of the age.

The present edition contains such alterations and additions as seemed necessary for the demonstration of the latest developments of chemical principles and the latest applications of chemistry in pharmacy. It now includes the whole of the chemistry of the U. S. Pharmacopœia, and nearly all that of the British and Indian Pharmacopœias.

From other chemical text-books it differs in three particulars: first, in the exclusion of matter relating to compounds which at present are only of interest to the scientific chemists; secondly, in containing more or less of the chemistry of every substance recognized officinally or in general practice as a remedial agent;

thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally.

The author's ideal of a manual of chemistry for medical and pharmaceutical students, and which he has most efficiently carried out, is one in which not only the *science* of chemistry is taught, but in which the chemistry of every substance having interest for the followers of medicine and pharmacy is noticed at more or less length in proportion to its importance, and at least its position in relation to the leading principles of chemistry set forth with all attainable exactness.

THE MEDICAL NEWS VISITING-LIST, 1890. Thirty patients per week. Flexible Russia Leather, with Tucks, pencil, etc. Lea Brothers & Co., Publishers, Philadelphia.

This is unquestionably one of the handsomest works of its class, and has been arranged so as to include quite a number of most desirable features, and is the result of a thorough revision of its predecessor. If you want something that is neat, tasty, compact, convenient, well and carefully filled with valuable memoranda and data of every day use, you will do well to order this little gem from your book-dealer or the publishers at once. The price is \$1.25. Advance paying subscribers to *The Medical News* can obtain it for 75 cents.

PHYSICIANS' POCKET REFERENCE BOOK AND VISITING LIST for 1890. J. H. Chambers & Co., Publishers, St. Louis, Mo.

This is a well arranged and compact visiting list and contains Calendar, Prediction of Date of Confinement, Artificial Respiration, Care of Galvanic Batteries, Disinfectants, Clinical and Chemical Examination of Urine, Poisons and Antidotes, Dose table, New Remedies and blank leaves for Visiting List, Bills rendered, cash received, general memoranda, obstetric and death records. It will be sent you by mail on receipt of the very moderate price of seventy-five cents, by the publishers.

SAUNDERS' QUESTION COMPENDS—No. 6. **ESSENTIALS OF PATHOLOGY AND MORBID ANATOMY.** By C. E. ARMAND SEMPLE, B.A., M.B., Cantab.; L.S.A., M.R.C.P., London, Physician to the Bloomsbury Dispensary, etc., etc., with 46 illustrations. 12 mo. cloth. W. B. Saunders, 913 Walnut Street, Publisher, Philadelphia, 1890.

A most excellent little guide to the pathological student, in which are not only embodied the observations of its talented author, but the facts obtained by consultation of the most important works on Pathology. The price is only \$1.00. Like the rest of these manuals, it is concise, without the omission of any essential facts.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. PLAYFAIR, M.D., etc. New (fifth) American from the seventh English edition. Edited with notes and additions by R. P. Harris, M.D. 8 vo. Leather, pp. 650. Three plates and two hundred wood cuts. Lea Brothers & Co., Publishers, Philadelphia, 1889. For sale by Hunter & Welburn, North Market Street, Nashville, Tenn. Price, \$5.00.

Truly a wonderful book; an epitome of all obstetrical knowledge—full, clear and concise.

In thirteen years it has reached seven editions. Its last preface was written January, 1889. It is perhaps the most popular work of its kind ever presented to the profession. Beginning with the anatomy and physiology of the organs concerned, nothing is left unwritten that the practical accoucheur should know. It seems that every conceivable physiological or pathological condition from the moment of conception to the time of complete involution has had the author's patient attention. The plates and illustrations carefully studied, will teach the science of midwifery. The reader of this book will have before him the very latest and best of obstetric practice, and also of all the coincident troubles connected therewith.

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalypol and reports on cures affected at the clinics of the Universities of Bonn and Greifswald.

Editorial.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The Southern Surgical and Gynecological Association met in its second annual session, at 10 o'clock Tuesday, Nov. 12th, in the State Senate Chamber in this city. Though yet in its infancy, this society has, in point of membership, been remarkably prosperous, and now numbers among its supporters some of the foremost surgeons and specialists in the diseases of women to be found in the South or in the whole country.

All the officers except two were present.

Dr. Hunter McGuire, the President is from Richmond, Va. He is ex-President of the American Surgical Association, and a physician whose name is familiar not only in this country but in Europe.

W. O. Roberts, a Vice-President, is a Professor of Surgery in the University at Louisville.

Bedford Brown, of Alexandria, Va., the other Vice-President, is an ex-President of the Virginia Medical Association.

W. E. B. Davis, of Birmingham, is Secretary of the Association. He is not only an able and practical member of his profession, and the bearer of an enviable reputation, but has the good fortune to be the possessor of a genial and obliging disposition. He makes a good Secretary.

Hardin P. Cochrane, the Treasurer, is a capable physician of Birmingham.

J. S. Cain, W. T. Briggs and Virgil O. Hardon, of the Judicial Council, were present. The two first are well-known medical professors in Nashville and practitioners of wide reputation. Dr. Hardon is a member of the faculty of the Atlanta Medical College.

Among others present were noticed the following members:

Alabama.—John C. LeGrand, editor of the *Alabama Medical and Surgical Journal*; John S. Davis, former editor of the same publication, and President of the Birmingham Medical Society; R. M. Cunning-

ham, surgeon of the penitentiary hospital; W. M. Boroughs, Selma; S. M. Hogan, Union Springs; J. A. Goggans, Alexander City.

Arkansas.—W. L. Stewart, Van Buren.

District of Columbia.—Jos. F. Johnson, Washington.

Georgia.—F. W. McRae, editor *Atlanta Medical Journal*; V. O. Hardon, H. P. Cooper, Atlanta.

Illinois.—G. Frank Lydston, of Chicago, a medical professor of note.

Indiana.—A. M. Owens, Evansville.

Kentucky.—W. H. Wathen, Professor of the Diseases of Women in the Kentucky School of Medicine, and ex-Chairman of that section of the American Medical Association; A. W. Johnstone, of Danville, a fellow of the British Gynecological Society; J. M. Mathews, Louisville, President of the Mississippi Valley Medical Association; C. R. Williams, Island; John E. Pendleton, Hartford; L. S. McMurtry, Danville; W. O. Roberts, Louisville.

Mississippi.—John Brownrigg, Columbus; Charles E. Pearson, Ludlow; John H. Blanks, Jr., Meridian; John Brown, Columbus; W. F. Hyer, Meridian.

Missouri.—Bransford Lewis, St. Louis; A. V. L. Brokaw, St. Louis; George J. Englemann, Professor of Surgery in St. Louis, and a surgeon and medical writer of great distinction; I. N. Love, editor of the *St. Louis Medical Mirror*; Wm. Whitford, St. Louis.

North Carolina.—F. T. Meriwether, Ashville.

Pennsylvania.—Joseph Price, Philadelphia, noted hospital surgeon.

Tennessee.—R. B. Maury, Professor of the Diseases of Women in the Memphis Medical College; J. R. Buist, J. E. Dedman, W. G. Ewing, Odelle Weaver, Duncan Eve, President of the State Society, Wm. L. Scheffer, Richard Douglass, W. D. Haggard, J. M. Coyle, W. Frank Glenn, A. M. Trawick, M. H. Bonner, Miss Josa Fleming, a graduate of Ann Arbor, recently located in this city; J. H. Blanks, W. T. Briggs, of Nashville; C. C. Buck, Cuba; A. J. Swaney and J. I. Chenault, Gallatin; E. H. Bratton, P. East and E. K. Lamb, Lafayette; R. E. Brown, Springfield; W. G. Evans, Shelbyville; C. E. Ristine, Knoxville; D. M. Thomasson, Chattanooga; C. A. Forgy, Columbia; R. Q. Lillard, Lebanon; S. S. Bogle, Muddy Creek; A. J. Weldon, Paris Landing; W. H. McNutt, Kingston; Wm. D. Dorris, Nashville, who was probably the oldest man in the house.

Texas.—B. E. Hadra, Professor of Surgery at Galveston and author of a medical work; E. F. Graham, Springtown; A. M. Campbell, Lampkin.

Virginia.—W. L. Robinson, Danville; I. S. Stone, Lincoln; Hunter McGuire, Richmond; Bedford Brown, Alexandria.

THE DAY'S PROCEEDINGS.

The Association was called to order at 10 o'clock by President McGuire.

Rev. R. Lin Cave delivered prayer.

The following papers were read by the persons whose names are annexed:

Report of "Gynecological Work," with especial reference to methods, by R. B. Maury, Memphis.

"Direct Herniotomy," with cases, by W. O. Roberts, Louisville.

"The Abortive Treatment of Acute Pelvic Inflammation," by V. O. Hardon, Atlanta.

During the afternoon session:

"The Treatment of Ectopic Pregnancy," by V. O. Hardon, Atlanta.

"The Improved Cæsarean Section versus Craniotomy," by W. D. Haggard, Nashville.

"Perineorrhaphy," by A. W. Johnstone, Danville, Ky.

"Pus in the Pelvis and How to Deal With it," by Joseph Price, Philadelphia.

After discussing the papers, the Association adjourned.

PUBLIC ADDRESSES.

A large audience, considering the very unpleasant weather, attended the exercises at night in the Broad street Amusement Hall.

The stage was decorated with plants, and music enlivened the occasion.

The platform was occupied by the speakers and officers of the Association and members of the Local Committee on Arrangements. Dr. J. R. Buist presided over the exercises.

The address of welcome was delivered by Hon. A. J. Caldwell, who spoke in that pleasing manner characteristic of him, and in eloquent terms bade the doctors welcome.

He said that he had been anticipated in the words of hearty greeting he had intended to utter by the presence of the audience before him, whose appearance more conclusively than words attested the sincerity of Nashville's friendly salutation. He paid a high compliment to the

medical profession, to the benefactors of mankind embraced within its ranks, and to the great work for good which had resulted through their instrumentality.

He expressed the wish that the present meeting of the Association might be the most successful of its history, and predicted a future recognition of the services of those learned and scientific men who had devoted their time and attention to the alleviation of the sufferings of the human race.

After an interval of music the response to the address of welcome was delivered by Dr. J. M. Mathews, of Louisville, who showed himself to be a finished speaker as well as physician.

On behalf of the Southern Surgical and Gynecological Society, he offered thanks for the welcome tendered its members. They were, before their arrival, acquainted with Tennessee and her beautiful Capital City. They were aware of the fact that Tennessee possessed the loveliest women in America, and the finest horses in the world, except those of Kentucky? They were also aware that in the State was a Robertson County, where the mountain dews never dry, and the mint is a plant perennial.

He pointed to the distinguished men around him and asked why they had come to Nashville to accept her hospitality? Not for reputation, not for money, but they come to sit at each other's feet and discuss the truths of their profession that better methods may be employed upon their return.

He alluded to the society's rapid growth, and asked his hearers to bid it all speed in its noble work. The great advancement in surgery and gynecology was mentioned, together with the originators of great benefits in those directions.

His remarks were heard with interest and applause.

The next speaker was Dr. Hunter McGuire, of Richmond, President of the Association, who delivered the address usual upon the annual meetings of such bodies. The address was a magnificent production, well worthy of the great learning and wide experience of its author. It was replete with matters interesting not only to his fellow-physicians, but also entertaining and instructive to other auditors.

After some introductory remarks Dr. McGuire showed the fallacy of the argument which held that there was no need of the Association which he was honored to represent. He showed the beneficial results of co-operation in other professions, and declared that by union alone

could the interests of the medical profession be advanced. No class of men more than the medical appreciate the force of this co-operation. The demand for such co-operation led to the formation of an international congress several years ago. America, ever alert, has been no laggard in this work. He cited the work of the American Medical and the American Surgical Associations, and that their harvests had been great no one would deny.

It has been said that the South was behind the North in the medical profession. The slave and plantation method did not tend to increase population, and may have tended to retard the development of medicine, but under such conditions were perhaps the most prominent men and great minds in nearly all professions and channels.

The speaker produced facts to show that Southern intellect and ability has ever been to the front in our history. In judicial halls, in the acquisition of territory and in war Southern men were ever prominent by their works.

Bright stars in the South were pointed out, and the inquiry advanced where in history or romance would there be found heroes superior or patroits more noble.

He paid his respects to the Southern surgeon, who, at the close of war, was probably surpassed by none. In the speaker's corps chloroform was given 28,000 times and no death resulted. These surgeons were splendid specimens of a noble race. By unswerving devotion to duty our medical men contributed to the courage of our soldiers and made out of their defeat an honor. They fought their ways into the greatest centres of the Union. Historic they are and will remain. Unknown generations will rise to bless, and prosperity will reverence. With paucity of material and absence of Association, he must be a genius who advances an idea or proclaims a method which arrests the attention of the medical world. This the Southern doctor more than once did.

The speaker paid an especial tribute to Dr. Sims, of South Carolina, the pioneer in gynecology and abdominal surgery.

Men now living in the South, said Dr. McGuire, have won fame for themselves, and I congratulate them upon laurels won by their genius, for genius is hard work well directed.

He referred to the immense material prosperity of the South, and said that her physicians must keep pace with the same. Natural conditions, as they effect health, should be studied and mankind benefited.

The thought of to-day may be the action of to-morrow. Organize and establish everywhere societies. Harmony and good will through them can be established, and rivalry cease and tolerance increase. Every one in that manner could contribute to the common stock of ascertained knowledge.

SECOND DAY'S SESSION.

The Southern Surgical and Gynecological Association was called to order in its second day's session at 9:30 o'clock Wednesday morning by Vice-president Bedford Brown, of Alexandria, Va.

A number of members who had not attended the first day's meeting were present. In addition to these were many visiting local physicians and medical students, who completely filled the Senate Chamber. During the day papers were read by some of the ablest members of the Association, and were discussed at length to the edification of the large number present.

Upon being called to order, the Association continued the discussion of Dr. A. W. Johnstone's paper on "Perineorrhaphy," read Tuesday afternoon. Among those who participated were Drs. George Engelmann, of St. Louis; I. S. Stone, of Lincoln, Virginia; R. M. Cunningham, of Birmingham; W. L. Robinson, of Danville, Va.; V. O. Hardon, of Atlanta; W. H. Wathen, of Louisville, and G. Frank Lydston, of Chicago.

Dr. W. L. Robinson, of Danville, Va., read a paper on "Gynecology in its Relation to Obstetrics," which was discussed by Drs. Bedford Brown, of Virginia, and Richard Douglas, of Nashville.

An essay on "Continued Menstruation After Double Ovariectomy" was read by Dr. G. J. Engleman, of St. Louis, and discussed by Drs. W. D. Haggard, of Nashville; A. W. Johnstone, of Danville, Ky.; V. O. Hardon, of Atlanta; A. V. L. Brockaw, of St. Louis, and W. H. Wathen, of Louisville.

"An Experimental Study of Intestinal Anastomosis" was read by Dr. John D. S. Davis, of Birmingham.

"Intestinal Anastomotic Operations with Segmented Rubber Rings, with Some Practical Suggestions as to Their Use in Other Surgical Procedures," was the title of a paper presented by Dr. A. V. L. Brockaw, of St. Louis.

Dr. Richard Douglass of Nashville, read an essay on "Complications Occurring in the Clinical History of Ovarian Tumors."

In the afternoon Dr. B. E. Hadra, of Galveston, read a paper on "Open Abdominal Treatment."

Dr. L. S. McMurtry, of Danville, Ky., gave an account of "Twenty Consecutive Cases of Abdominal Section," in which only three deaths resulted. His paper and Dr. Hadra's were discussed at length until adjournment. At 8 o'clock the discussion was continued, after which Dr. G. Frank Lydston, of Chicago, gave an essay on "Tropho-Neurosis as a Factor in the Phenomena of Syphilis." The Association then adjourned to 9:30 o'clock next morning.

THIRD DAY'S SESSION.

The meeting was called to order at 9:30 o'clock.

Dr. John Brownrigg, of Columbus, Miss., read a paper on "Gun-shot Fractures of the Femur." It was discussed by Drs. I. S. Stone, of Atlanta; J. D. S. Davis, of Birmingham; S. M. Hagan, of Union Springs, Ala.; G. Frank Lydston, of Chicago; W. O. Roberts, of Louisville; and R. M. Cunningham, of Birmingham.

President Hunter McGuire, of Richmond, read a paper on "Chronic Cystitis in Women," and Dr. L. S. Davis, of Lincoln, Va., presented an essay on "The Treatment of Contracted Bladder by Hot Water Dilatation." The two papers were discussed by Drs. Lydston, J. D. S. Davis, Engelmann, Roberts and Hadra, of Galveston.

Vice-president Bedford Brown read a paper on "Certain Obscure and Minor Cases of Pelvic Cellulitis Stimulating Malarial Fever." This was one of the ablest essays of the session. Others papers were read by title.

The following officers were elected for the ensuing year: President, Geo. J. Engelmann, St. Louis; Vice-presidents, B. E. Hadra, Galveston, and Duncan Eve, Nashville; Secretary, W. E. B. Davis, Birmingham; Treasurer, Hardin P. Cochrane, Birmingham. The two last were re-elected.

Atlanta was selected as the next place of meeting.

DR. WILLIAM A. HAMMOND, of Washington, D. C., has a larger number of patients in his sanitarium for the treatment of mental and nervous diseases than ever before in the history of the institution, although he opened about a year ago with more than half the rooms occupied in his immense new building.

Dr. Hammond is conducting a number of experiments in the treatment of epilepsy by localizing the brain lesion, trephining and paring the convolutions. He will publish the result of his experiments in the near future.

TRI-STATE MEDICAL ASSOCIATION OF ALABAMA,
GEORGIA AND TENNESSEE. MEETING HELD AT
CHATTANOOGA, TENN., OCT. 15 AND 16.

FIRST DAY'S SESSION.—The convention was called to order by Dr. E. B. Wise, President of the Chattanooga Medical Association.

Prayer by Rev. Dr. Bachman.

Dr. Wise was unanimously elected temporary chairman. Dr. Frank Trester Smith was made temporary secretary. Dr. G. W. Drake was introduced by the chairman and delivered an eloquent address of welcome.

Dr. Smith moved that a committee of three, one from each State, be appointed on by-laws and constitution. Carried. Drs. Boyd, of Alabama; Edge, of Georgia and Barber of Tennessee, were appointed.

Committee on Credentials was appointed as follows: Drs. Cowan, of Tennessee; Myers, of Georgia; Tarent, of Alabama.

A motion to appoint a committee on permanent organization, was lost. Adjourned until 2 o'clock, P. M.

AFTERNOON SESSION.—The meeting was called to order at 2 o'clock.

On motion, Dr. J. B. Cowan, of Tennessee, was unanimously elected President.

The following Vice-Presidents were then elected: Dr. A. Boyd, Alabama; Dr. Edge, Georgia; Dr. Barber, Tennessee. Dr. West, was elected Treasurer. Dr. Frank Trester Smith, of Chattanooga, was elected Secretary.

Dr. W. L. Gahagan, of Chattanooga, read a paper on "The Physiology of the Heart and its Valves," giving a complete resume of the physiology of the heart, and then proceeded to give the results of a series of experiments extending over a period of several years. The heart's nervous supply was dwelt upon at some length, and theories, both original and tenable were advanced. The paper was discussed by Drs. G. W. Drake, J. E. Purdon, Jas. E. Reeves, J. B. Cowan and D. E. Nelson.

Dr. James E. Reeves read a paper on "The Importance of the Microscope in the Practice of Medicine," numerous cases were cited, showing how necessary a knowledge of microscopy is to the general

practitioner. Discussed by Drs. W. C. Townes, G. A. Baxter and J. B. Cowan.

Dr. J. E. Purdon reported a case of "Fracture of the Skull in an Old Man—Recovery," which was discussed by Drs. Lynch, Baxter, Camp, Gahagan, Reeves, Wells, Cowan and Smith.

Adjourned to 8 o'clock, P. M.

EVENING SESSION.—Called to order by the President at 8 P. M. A letter from Dr. Battey, of Rome, Ga., was read, regretting that professional duties prevented his attendance.

Dr. Anderson Boyd, of Ala., read a paper on "Croupous Pneumonia." This was discussed by Drs. Sims, Drake, Gahagan, Camp, Purdon, Cooper, Lynch and Reeves.

This was followed by an interesting article on "Imaginary Foreign Bodies in the Throat," by Dr. Max Thorner, of Cincinnati, Ohio. Discussed by Drs. Steele, Cooper, Gahagan and Smith.

The Committee on Credentials reported fourteen new names, which were unanimously elected. Motion to amend by-laws carried. Adjourned to meet at 9:30 A. M.

SECOND DAY'S SESSION.—Dr. J. B. Cowan called the meeting to order at 9:30 A. M., October 16th, opening same with prayer.

An auditing committee, consisting of Drs. G. A. Baxter, E. T. Camp and R. J. Trippe, was appointed.

Sixteen new names were added to the list of membership.

On motion, it was decided to appoint chairmen of different sections, members to report cases of interest in each department to the chairman of that department. The following departments were created:

State Medicine, P. D. Sims, M. D., Tennessee.

Psychological Research, J. E. Purdon, M. D., Alabama.

Otology, R. D. Boyd, M. D., Alabama.

Ophthalmology, N. C. Steele, M. D., Tennessee.

Practical Microscopy, J. E. Reeves, M. D., Tennessee.

Obstetrics, W. T. Blackford, M. D., Georgia.

Gynæcology, R. J. Trippe, M. D., Tenn

Materia Medica and New Remedies, Junius F. Lynch, M. D., Chattanooga, Tenn.

Surgery, G. A. Baxter, M. D., Tennessee.

Experimental Physiology, Wm. L. Gahagan, M. D., Chattanooga, Tenn.

Laryngology, Max Thorner, M. D., Cincinnati, Ohio.

Practice, G. W. Drake, M. D., Tennessee.

Dr. J. A. Long presented an able paper on "Typhoid Fever." Dr. Long reported over five hundred cases that had occurred in his practice, with not a single one in a child under ten years of age. Dr. Purdon, of Alabama, stated that he had seen a case in a child one year old. Dr. Gahagan said that he could not see how a case could occur in a child of that age, as Peyer's patches had not developed. Dr. Drake stated that in treating typhoid fever he always gave quinine in large doses, not only as an antipyretic, but as a food. Dr. Lynch could see no indications for quinine in typhoid fever, for antipyrine and antifebrine when closely watched were safe and far more efficient antipyretics, and as to giving quinine as a food, he could imagine nothing more disagreeable to the palate of a sick man than a dose of quinine. This paper was further discussed by Drs. Reeves, Cooper, Boyd, Camp, Holtzclaw, Cowan and Smith, who presented a specimen of perforation of intestine.

Adjourned to meet at 2 P. M.

AFTERNOON SESSION.—The meeting was called to order by the President, and Dr. W. C. Townes presented a paper on "Hypnotism and Suggestibility," which was followed by a paper by Dr. Purdon on "The Sphygmograph, a new Re-agent in Psychical Research." These papers elicited considerable discussion, especially as to the dangers of hypnotism from a moral standpoint, and in regard to the existence of a "Thought Wave." Dr. Junius F. Lynch, of Chattanooga, Tenn., then read a paper on "Laparotomy, with a Report of an Interesting Case." Dr. Lynch's paper was practical and to the point, and the case he reported, a remarkable recovery.

This was followed by a "Report of Two Laparotomies," by Dr. C. Holtzclaw. These papers gave rise to a lively discussion by Drs. Townes, Trippe, Drake, Baxter and Green. Adjourned to 8 P. M.

EVENING SESSION.—The feature of the evening session was a "Report of a Case of Persistent Pupillary Membrane," by Dr. Frank Trester Smith, of Chattanooga. This was discussed at some length by Drs. Steele, Thorner, Boyd and Wise.

A motion by Dr. Lynch to appoint a committee of three to secure the passage of laws regulating the practice of medicine and surgery was lost.

A membership of one hundred and nine was announced.

On motion, the meeting adjourned to meet at Chattanooga, Tenn., on October 21, 1890.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association met this year at Brooklyn, N. Y., for its seventeenth annual session. It occupied part of four days, from October 22 to 25. In the number of its attendance and the quality of the scientific results, the verdict, on the part of its *habitues*, has been that the meeting was a success. Not much time was allowed to run to waste on outside entertainments; the unwritten law of the Association being distinctly in favor of giving the minimum of time to excursions, collations and the like. Three diversions were permitted at Brooklyn.

The first was the exhibition of sanitary apparatus, food materials and the customary range of inventions promotive of good health, that find place in this kind of exhibition. This is the first exposition of the sort that has been attempted at any annual session of the Association. It was a modest show, tentative in extent, but sufficiently attractive to make it probable that it will be tried more fully at future meetings, when the local committees shall see fit to give their time to it. The present report is that the exhibition has been self-sustaining; an income having been derived from the rental of floor space to the exhibitors.

The second diversion was a public meeting held at the Academy of Music, on the evening of the first day, in order to extend the freedom of the city to the visitors. At this meeting, which the citizens and especially the medical profession attended *en masse*, addresses of welcome were delivered by the Mayor of the city, Mr. Chapin, Dr. Alexander Hutchins, for the profession, the Rev. Dr. R. S. Storrs and ex-Mayor Seth Low, who has just been elected to the Presidency of Columbia College, in New York City. These are four speakers who, in their respective fields, are held in highest esteem in the community. The address of Dr. Hutchins was, in a marked manner, approved and enjoyed by the medical members present.

The third diversion was an excursion, by steamer, on the afternoon of the second day, to the Quarantine Station on the Lower Bay of New York Harbor. The original plan of this excursion included a

visit to the islands in the East River, on which are located the charitable institutions of New York City, but lack of time prevented the carrying out of that part of the programme; the blustering weather, also, was rather averse to a prolonged sail after visiting the objects of interest in the harbor below. Two hundred and twenty delegates and their friends took the excursion. A collation, given by the citizens of Brooklyn, was served during the sail. The visit to the quarantine islands was upon the cordial invitation of Dr. Wm. M. Smith, for many years the Health Officer of the Port of New York. Dr. Smith sought this as a favorable opportunity of explaining the *modus operandi* of a modern, non-stringent quarantine, and of making better known to the official members of the Association some of the changes instituted by him in recent years. With the exception of the foregoing, the time of the Association was wholly given to the consideration of scientific business.

The notable papers, prepared for the convention, included one by Dr. John S. Billings, U. S. A., who took for his subject "The Sanitary Relations of the Federal Census;" one by Dr. George M. Sternberg, also of the Army, who treated of "Yellow Fever and its Etiology," therewith presenting microphotographic illustrations by means of the stereopticon; one by Mr. Edward Atkinson, of Boston, on the "Economics of Cooking," made plain by the preparation and service to the audience of a hot supper, cooked in ovens invented by himself, over two oil lamps, while his lecture was in progress; one by Dr. Salmon, of the National Bureau of Animal Industry, who gave an illustrated discourse on "The Texas Cattle Plague;" also a paper by Prof. W. O. Atwater, of Washington, on "The Physiological Chemistry of the Dietaries of various Nations and Occupations."

The stimulating and instructive nature of many of these addresses, as well as of others on the various problems vexing the medical officer of health, was manifest in that they called forth a volume of debate which was far in excess of the time apportioned to the discussion of papers. If a full week had been the length of session, it would have been none too long to have been occupied by the themes that were ripe for consideration in the minds of the members. The presiding officer had frequently to cut short an interesting subject by reason of the preassignment of the time to other interesting matters.

"The Presidential Address" of Dr. Hosmer A. Johnson was cordially received by the popular audience to which it was read.

"The Overshadowing of our Homes," by Dr. Thornton Parker, of Newport, was the subject of the first paper of the first day. The contention of this paper was adverse to the large or general employment of shade trees, as exemplified in the towns of New England. Dr. Maxwell, of Florida, and others from the Southern States defended the shade tree.

"Infant Mortality" occupied the afternoon session of the first day very fully. Papers of exceptional value were presented by Dr. Jerome Walker, of Brooklyn, and Alfred White, Esq., also of Brooklyn; the latter giving the results of a large experience in the construction of improved tenement houses. Dr. George Homan, of St. Louis, offered more suggestions regarding the compensation due to health officials.

On the second day, Dr. Billings gave an outline of the proposed studies in vital statistics to be carried out under the coming census, inclusive of new features to be introduced in regard to the sanitary districting of ten or more of the larger cities. His proposition elicited much discussion. Dr. J. N. McCormack, of Kentucky, in this connection, introduced a resolution instructing that an effort be made to establish cordial relations with Cuba and Mexico, in respect of the sanitary departments and undertakings of those countries. Later this was adopted by the Executive Committee.

Dr. Ezra M. Hunt, of New Jersey, took up the subject of "Phthisis Prevention and the Methods, indicated by the latest Researches, to be employed to that End." The discussion of this subject was deferred until the following day, when it was opened by Dr. J. S. Billings, who inclined to limit the preventive official measures to precautions against the ærial diffusions of dried phthysical sputa.

Dr. Gihon, of the U. S. Navy, introduced a resolution declaring the sentiment of the Association to be favorable to the adoption of preventive means, as to the disease in question, so far as to recommend the destruction of the tuberculosis sputa.

The further discussion of the prevention of tuberculosis was taken up on the afternoon of the third day, the papers introductory thereto being presented by Dr. Edward Playter, of Canada, and Dr. P. H. Kretzschmar, of Brooklyn. The latter speaker defended the doctrine of the heredity of phthisis pulmonalis and laid down the following propositions:

First. If there are many children in a family, those born after the sixth or after the seventh are apt to develop pulmonary consumption.

Second. If the children in a large family are born at short intervals, say one year, the younger ones are apt to develop pulmonary consumption.

Third. If the offspring of healthy parents, born under conditions named above, escape the disease, their children are apt to develop pulmonary consumption.

The discussion was animated on every point bearing on the prevention of the spread of tuberculosis, and is destined to be renewed at future meetings, many members not having had a full freedom to express their views.

Prior to the midday excursion, on the second day, remarks were made by Health Officer Smith and Dr. Raymond explanatory of the conditions and modifications of quarantine administration in the harbor of New York. The remarks of Dr. Smith dealt largely with details of construction and will, when printed, have that value that belongs to a work of reference. It transpired later that while, or about the time, these remarks were being made, there was delivered at the morgue of the quarantine hospital the body of a yellow fever victim, a sailor who had died a few hours before on a steamer coming in from a Central American port. A few members only knew what the morgue contained.

The morning session of the third day, October 24, was chiefly given up to papers and discussions having relation to garbage disposal and pollution of streams. The chief papers were by Drs. Martin and Kilvington, the Health Commissioners of the cities of Milwaukee and Minneapolis. According to Dr. Martin the cremation of city refuse had not proved to be the success that it promised to be in the Western cities. He said:

"Cremation as a system has had its day, and a brief one it has been."

"The present system in the city of Milwaukee is the Merz system, which, from June 11 last, has given the best of satisfaction. The quantity of garbage collected is 40 tons daily, which with that brought to the works by the commission dealers, wholesale men and grocers, brings the total up to 50 tons, which is promptly disposed of. The works are situated in the slaughter house district, and the building is a two story frame, 62 by 110 feet. The garbage teams drive up an inclined roadway to the second story, where the garbage is thrown on the floor to be scraped into the driers, of which we have eight. The time occupied in drying the garbage varies, of course, with the quan-

tity and amount of moisture, but is usually from eight to eleven hours."

Another practical subject, the use of sulphur as a disinfecting agent in the hand of sanitary officials, was brought to the front by a paper by Dr. Cyrus Edson, of New York City. Many health officials participated in the debate on this subject. The preponderance of opinion seemed to be in favor of the value and efficacy of sulphurous fumigation when thoroughly performed, and when the vapor of water was freely generated in the apartment containing the infected materials; also that the wetting of articles with water is not desirable, lest there be a bleaching process set up and a damage to certain fabrics by sulphurous acid gas.

On behalf of Dr. Rauch, of Chicago, the following motion was introduced and suitably referred:

WHEREAS, Asiatic cholera, leaving its usual restricted bounds, threatens to advance by the same lines that it has followed in the last four epidemics, be it

Resolved, That the American Public Health Association desires to call renewed attention to this fact, and to urge that quarantine authorities on the Atlantic and Pacific seaboards and boards of health throughout the country make every effort to prepare for this threatened danger.

The evening of the third day had two papers finely illustrated by stereopticon views; first, a paper on "Sanitary Disposal of the Dead," by Rev. Charles R. Treat, of New York city; second, one by Dr. Benjamin Lee, of Philadelphia, on "The Sanitary reasons why Cuba should be Annexed to the United States." The dangers from yellow fever, small-pox and leprosy, under the present Cuban Government, are such, Dr. Lee maintains, that this country may lose, in a single season, by imported infectious disease, more than the island of Cuba is worth if it were bought outright from her proprietors, at their own valuation. The illustration of leprosy, presented by Dr. P. A. Morrow, of New York, were greatly admired; the closing one being a portrait of the late Father Damien, the leper priest of Molokai.

According to the paper of Rev. Mr. Treat the newly proposed plan of sanitary entombment will bring down the cost of corpse disposal to to about \$15 for each body entomed.

The morning of the fourth day, chiefly occupied though it was by official report and routine business, was partly given up to a discussion of "The Causes of Infant Mortality," based upon a vigorous paper, prepared by Dr. R. O. Beard, of Minneapolis, and read by Dr. Gihon. Several health officers participated in the debate, who showed the difficulties they have to contend with on account of the vague or mis-

leading nomenclature of the causes of death employed by many physicians. Dr. G. C. Ashmun, of Cleveland, instanced the use of the term "marasmus," by physicians of prominence, to cover nearly every case of infantile mortality, especially when the mortality must be published in institutional reports. The phrase indicates nothing that is useful for statistical or sanitary purposes, and should be put in the same category with "debility" and "heart failure."

Dr. W. M. Smith held that it should be the duty of every health officer to decline to accept certificates of death which evade, omit or vaguely state the cause of death, not less with regard to infant than adult mortality.

Growing out of this discussion, a motion was made for the appointment of a special committee, Dr. Jerome Walker, of Brooklyn, to be chairman, to consider "The Causes and Prevention of Infant Mortality, and report from year to year, at the discretion of the Executive Committee.

The convention closed about noon on the fourth day, up to which time the attendance continued creditably large. By some of the members it was pronounced the most satisfactory in the past history of the body.

The officers elected for the coming year are as follows: President, Dr. Henry B. Baker, of Michigan; first Vice-President, Dr. Frederick Montizambert, of Quebec; second Vice-President, Dr. Joseph H. Raymond, of Brooklyn. The Secretary, Dr. Irving A. Watson, and the Treasurer, Dr. J. Berrien Lindsley, re-elected. The following elective Trustees will serve one year; Dr. H. B. Horlbeck, of Charleston, S. C.; Dr. L. T. Salomen, of New Orleans; Dr. Wm. Bailey, of Louisville; Dr. Peter H. Bryce, of Toronto, Canada; Dr. J. F. Kennedy, of Des Moines; and Dr. Walter Wyman, of Washington, D. C. The time of holding the next meeting, not definitely fixed, will be early in November, 1890; place of meeting, Charleston, S. C.—*Jour. of Am. Med. Ass.*

PLANTEN'S CAPSULES, Hard and Soft, empty or filled of all kinds have an established reputation for excellence extending back for *one-half a century*. H. Planten & Son, 224 William street, New York, have become a household word throughout the land. They make all kinds of capsules to order; and new articles and capsuling private formulæ is a specialty with them.

SECTARIANISM IN MEDICINE is the title of an original communication in *The New York Medical Times*, November 1889, by Dr. J. P. Dake, of Nashville, Tenn. One of the leaders of his day of the homœopathic faction, he ardently advocates the fallacious teachings of Hahnemann, and endeavors to show in specious reasoning and well arranged terms, the *evils* and the *remedy* for the various sects, idioms, pathies, *et idomne genus*, that have done so much to give grounds for the assertion that "doctors will differ."

He says: "My remedy is almost in sight—it is for every medical society, college and journal to take action somewhat as follows:

(1). *Each Society to Resolve*: That its doors shall be open to any medical man of good moral standing, educated according to the customs of the country for the practice of the healing art, regardless of any personal or peculiar therapeutic views he may entertain or apply in practice.

(2). *Each College to Resolve*: That its instructions and its diploma shall be impartially granted to all students who comply with the demands of its curriculum, and show upon examination an acquaintance with all the branches taught, regardless of any peculiar preferences they may have in the selection and use of remedies.

(3). *Each Journal to Declare*: That its columns shall be open and equally free to all competent medical writers, upon any subjects relating to the improvement of the art of healing, regardless of their agreement or disagreement with prevailing professional opinions.

All that is needed to wipe away nominal distinctions and bury medical sectarianism forever, is the adoption of resolutions and declarations like those I have suggested."

Very correct, my dear doctor, we fully agree with you in the above, to which we have affixed in parenthesis numerals, in order that we may call attention to each one specifically.

(1). The American Medical Association, the Tennessee State Medical Society, and all district and local organizations in affiliation with them, have wide open doors to all such men, *provided, they do not claim a special designation and trade upon the same.*

(2). All colleges teaching regular, honorable medicine, fully and willingly comply with the requirements in resolution No. 2, *provided, the students obligate themselves never to claim a special designation and trade upon the same.*

(3). Dr. Dake has been a reader of *THE SOUTHERN PRACTITIONER* in the past, and he knows that then, and we can assure him in regard

to later years, and substantiate the assurance, that its pages and the columns and pages of all regular medical journals, have been and are always open and equally free to all competent medical writers, *provided, that they do not claim a special designation and trade upon the same.*

Regular medicine occupies too high a plane, too broad a field to submit to the narrow-minded restrictions of the followers of Hahne-mann, or any other man.

THE TENNESSEE STATE BOARD OF HEALTH BULLETIN, FOR NOVEMBER was issued on the 16th of that month.

It is a number interesting and valuable to all who are interested in matters pertaining to the public health.

Dr. J. D. Plunket contributes a thorough and very important report of the recent proceedings in Brooklyn of the American Public Health Association, to which body he was a delegate.

We regret that we have not space for it in full, it being a most readable and interesting statement of what was done at the recent meeting at Brooklyn, a full synopsis of which we had at the time in type.

Following a number of editorial and selected articles is a resume of health reports from almost every county in the State for the month of October.

The principal diseases, named in the order of their greater prevalence, in the State during the month of October were: Malarial fevers, pneumonia, dysentery, consumption, bronchitis, tonsillitis, cholera infantum, diarrhoea and rheumatism.

The mortality statistics of the leading cities of the State show their respective death rates per 1000 per annum for the month of October, as follows:

Chattanooga, death rate, white 6.66; colored 14.76, total 9.30. Deaths, white 15, colored 16, total 31.

Clarksville, death rate, white 9.60, colored 24, total 15. Deaths, white 4, colored 6, total 10.

Knoxville, death rate, white 9.56, colored, 14.32, total 10.54. Deaths, white 26, colored 10, total 36.

Memphis, death rate, white, 33.64, colored, 29.92, total 31.98. Deaths, white 85, colored 63, total 148.

Nashville, death rate, white 11.47, colored, 21.61, total 15.09. Deaths, white 40, colored 42, total 82.

THE MEDICAL MIRROR, *A Monthly Reflector of the Profession and its Progress*; I. N. LOVE, M.D., Editor, St. Louis, Mo., will make its debut January 1, 1890.

The Mirror will present monthly, original papers from good men; an epitome of the current literature, domestic and foreign, and while believing firmly in the importance of delving in the dead house in search of pathological lore, it will be more particularly in harmony with the thought of Prof. Semmola, of the University of Naples, that "too great a devotion to pathology tends to promote pessimism in therapeutics." It will devote proper space to the Medical and Surgical sciences, and the prevailing thought brought prominently to the front in its columns will be that the saving of one human life is worth all the theories in christendom.

A personal acquaintance with its talented, versatile and energetic editor, who for a time, was connected with the Medical Press Association of St. Louis, and did much to establish on a firm foundation the brightest of our medical exchanges, *The Weekly Medical Review*, and who has on many occasions enriched the pages of current medical periodical literature with his facile pen, justifies us in the assurance of success to his new professional venture. Subscription price, \$2.00 per annum. For further particulars, address Dr. I. N. Love, Grand Avenue and Lindell Boulevard, St. Louis, Mo.

IMPOTENCY.—A reliable remedy.

R. Tinct. Sanguinariæ 1 oz.
 Extract Stillingæ fl 1 oz.
 Celerina (Rio) 6 oz.
 M. Sig. Teaspoonful four times daily.

A LADY physician declares that "spanking has a harmful effect on Children's spines."—*Times Register*.

Query—Why do you spank so high?

Professor Virchow telegraphs from Berlin that the Organizing Committee of the Tenth International Medical Congress has been constituted by the election of himself President, and Dr. Lasar, Secretary-General.

"VERBUM SAP."—Our criticism of the action of the Secretary and Chairman of the Publication Committee in connection with the last volume of Transactions of the Tennessee State Medical Society, having driven him into the columns of the secular press, (vide *Chattanooga Sunday Times*, November 10, 1889), justifies us in believing that "our shot did not go very far wide of the mark." More especially is this so, when the pages of this journal were at all times open to him; and we have no hesitation in saying the same of our contemporaries, *The Nashville Journal of Medicine and Surgery*, *The Memphis Medical Monthly*, and *The Memphis Journal of Medical Sciences*, all of which are edited and controlled by members of the State Medical Society. Ah! My good brother, wash your dirty linen at home.

SUCCUS ALTERANS.—I have used in my practice the preparation known as "Succus Alterans" and have much pleasure in bearing testimony to its great value.

For diseases having their origin in a syphilitic source, I believe the Succus to be the one reliable specific, for I may add that invariable success has been met with by me when prescribing the remedy in question, even after the failure of other alteratives. I shall continue to rely on the Succus in all cases I have indicated herein.

Yours truly, WM. RD. GOODFELLOW,
(Signed) Member Royal College Surgeons, I. S. A.

PHILADELPHIA MEDICAL AND SURGICAL REPORTER.—Our readers will do well to carefully examine the *liberal proposition* of the publisher of this valuable, mature and interesting weekly medical journal. One of the best in the land. See advertising page.

"A TURIN PHYSICIAN has discovered that criminals as a class, show a marked preponderance over other persons in respect of partial deafness."—*Times-Register*

They don't want to hear the verdict.

FINED.—Charles Chadwick, Otis R. Wyeth, Louis A. Schoen, Geo. J. Schoen, Charles F. Hermann, Geo. Eysell and Horace L. Roy, have been fined \$500 and costs for counterfeiting a trade mark preparation, known as Bromidia. — *Kansas City Star*, October 29, 1889.

EUCALYPTOL.—We learn that the firm of Sander & Son is the sole one which keeps the extensive works at Sandhurst, Australia, for the manufacture of "The pure volatile Eucalyptus extract (Eucalyptol). According to Prof. Dr. Hugo Schultz (see Des Eucalyptol, Bonn), mature three-year-old leaves have to be worked in their green state to secure a genuine product. To accomplish this the works of this firm have been erected. Sander & Son consequently afford reliable guarantee to the profession to obtain Eucalyptol proper. Samples, gratis, furnished by Dr. Sander, Dillon, Iowa; Meyer Bros. Drug Co., St. Louis, Mo., sole agents. Look out for the genuine product.

MEDICAL STUDENTS in Nashville are in full force this year. A larger number being present than in preceding years. Our Capital city is to be congratulated on maintaining so admirably its well earned reputation as a centre of medical as well as other education. With three schools, fully equipped in every detail, and with full classes, devoted to instruction in medicine and surgery, and now three devoted to dentistry all in successful operation, her citizens may well feel gratified. It is the only city in the great South-west that has a medical school for the colored race, and on November 20th was dedicated with imposing ceremonies, the dental and pharmacal departments of Meharry Medical College, which have just been completed at a cost of over \$6,000, and devoted to instruction of the colored race in these sciences. In a few more weeks will be completed the new City Hospital for the indigent poor of the city, a magnificent building erected on one of the highest bluffs overlooking our beautiful river, which will afford ample clinical facilities to all students who may hereafter begin their novitiate in the Capital city of Tennessee.

DR. DUNCAN, of Brooklyn, formerly surgeon to the steamship Colon, has brought suit against that city and its Board of Health, for unnecessary removal from his house to the quarantine station. He claiming that he had remittent and not yellow fever.

DEATH FROM SULPHONAL.—Dr. R. R. Pettit, of Dayton, Ohio, reports in the *Medical News* a death from the administration of two 15 gr. doses of sulphonal, given one and a quarter hours apart, to a woman aged 28, who was suffering from melancholia. Death by Apnoea.

SYPHILITIC IRITIS.—Prof. Gross advised the following treatment of *sypilitic iritis*: Bring the system under the influence of mercury rapidly, give calomel gr. j and opium $\frac{1}{4}$ gr. three times a day, until symptoms of ptyalism occur; and at the same time, dilate the pupil with the following solution:

R_x

Atropiæ sulph gr. iij.

Aquæ destillat f3j.

M.

SIG—Drop into the eye three or four times in 24 hours.—*Coll. and Clin. Record.*

GNOMIUM, the new metal announced by Drs. Kruss and Schmidt, of Munich, is said to be a myth.—*Philadelphia Medical and Surgical Reporter.*

A gnome of the imagination, as it were?

OUR ELEVENTH VOLUME.—With these lines, we bring to a close our editorial labors for the good year 1889. From the renewals of subscription that have already been received, we feel satisfied—so many of them, too, containing earnest words of commendation, coming as they do from the active practitioners of medicine and surgery in the Great Southwest, we do feel gratified that our modest little journalistic venture is a success.

We have endeavored to give the salient points of medical and surgical progress that we deemed worthy of perpetuation. Original contributions, cullings from the periodical literature of the day, reports of local, State, and national medical organizations, and editorial remarks on the events passing over the horizon of the grandest of sciences, we have earnestly tried to make pertinent features of THE SOUTHERN PRACTITIONER. If you are satisfied with our efforts in the past, my dear reader, we sincerely hope that you will not take offense at the kindly hint, that renewals of subscription for another year are in order. Forty-eight pages of reading matter each month, during the year 1890 for only *One Dollar*, which can be sent by mail, registered letter, in currency, or one or two-cent postage stamps, or by post-office money order, or postal note, to

Yours very truly,
 DEERING J. ROBERTS, M. D., *Editor and Proprietor*,
 168 N. Cherry street, Nashville, Tenn.

CONTENTS FOR DECEMBER, 1889.

ORIGINAL COMMUNICATIONS :—

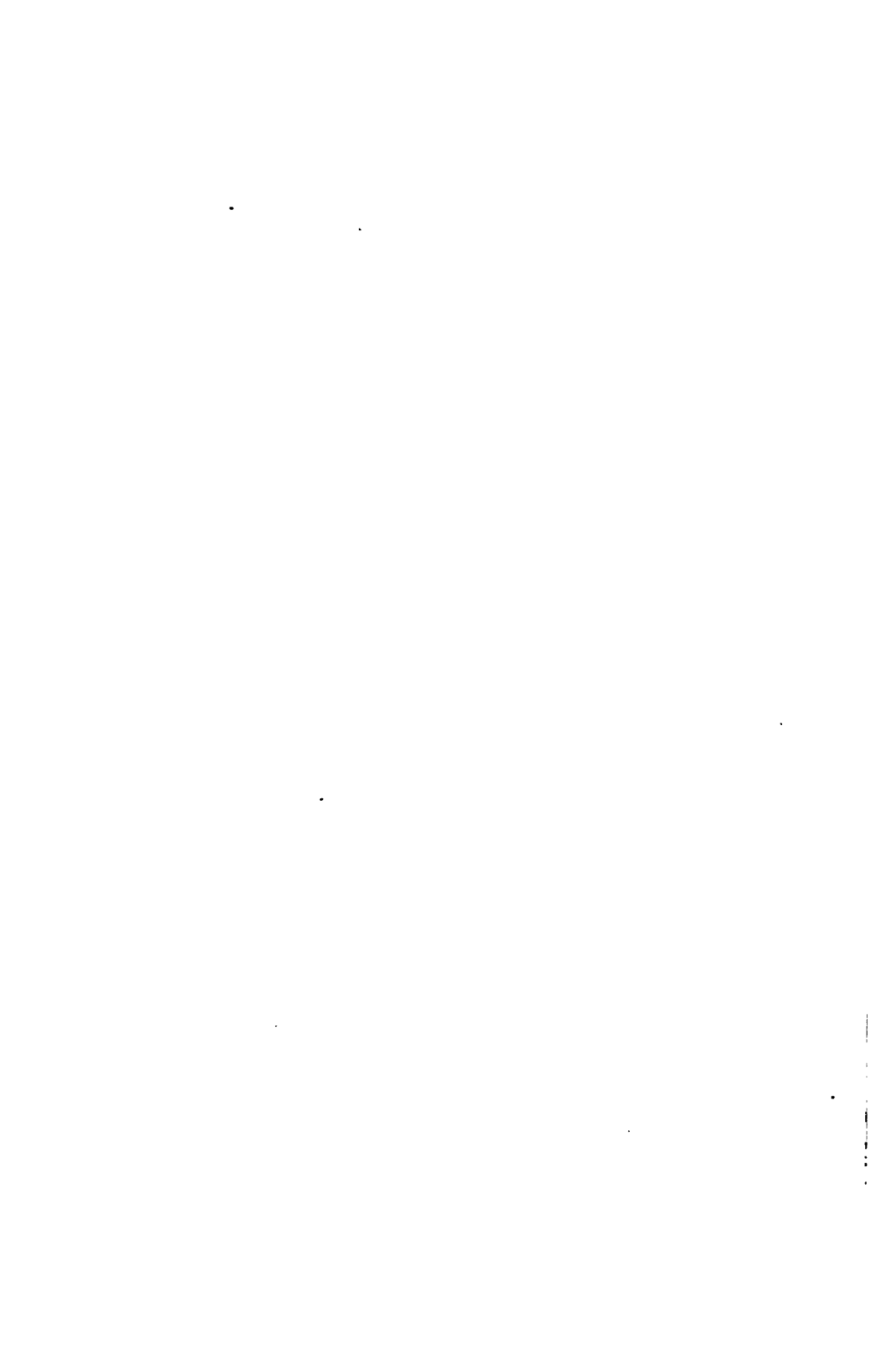
The Improved Cæsarian Section <i>vs.</i> Craniotomy. By Prof. W. D. Haggard, M.D	505
Rest as a Therapeutic Agent. By John M. Cunningham, M.D	510

SELECTIONS :—

Ptomaines and Leucomaines and their Relation to Disease .	514
The Digestibility of Boiled Milk	515
Diet and Uric Acid Formation	516
Effects of Alcohol on the Mind	518
Contagiousness of Phthisis	519
Hernia in Children	519
Comparison of the Various Methods for the Cure of Hernia.	520
The Doctor's Portrait	521
A Mistaken Idea	521
Gastrotomy for the Removal of a Fork	522
Diagnosis of Perforative Otitis	522
Sterilized Lint	522
Varnish for Cleaning and Preserving Harness and Other Leather Goods	523

EDITORIAL, REVIEWS, ETC :—

Reviews and Book Notices	523
The Southern Surgical and Gynecological Association . . .	526
Tri-State Medical Association of Alabama, Georgia and Tennessee	533
The American Public Health Association	536
Sectarianism in Medicine	542
The Tennessee State Board of Health Bulletin	543
The Medical Mirror	544
Impotency	544
Verbum Sap	545
Fined	545
Medical Students in Nashville	546
Death from Sulphonal	546
Syphilitic Iritis	547
Our Eleventh Volume	547



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